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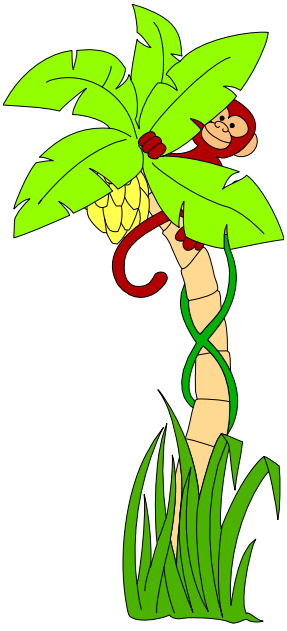

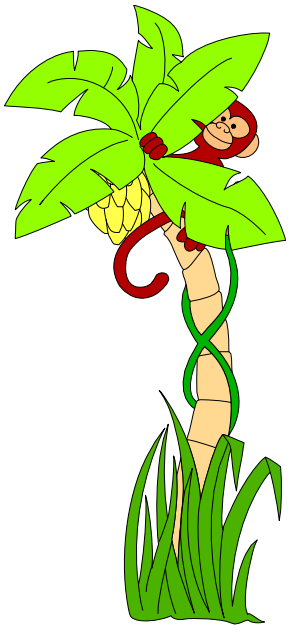

Last Updated: November 2008

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APPENDIX

Welcome to Kigali!

The most important aspect to a successful tour at post is staying healthy. If you are not feeling well, you will not function at your best, either in work or at home. The primary goal of the Health unit is to work with you in staying healthy.
Your initial appointment with the health provider is one of the most important appointments you can make. You are encouraged to be seen within the first two weeks of your arrival at Post. Please, call the Health unit to schedule an appointment for you and your family and bring with you the Medical documents listed below so your medical file and your eligibility for full service can be initiated

- Past medical records
- Medical clearance [Blood group and G6PD result]
- Last physical exam required if medical clearance is class 2, medical clearance update if appropriate and laboratory results
- Current medication: actual container with label on all prescription drugs
- Immunization record
- Copy of your personal or family health insurance card
- Copy of the face page of your passport
- Patient Registration Form completed and signed
- Voluntary Walking Blood Bank completed and signed
- MED Privacy Policy / HIPAA receipt form completed and signed
- Authorization for Health unit Services completed and signed by your agency's approving officer

Please call: 596 687 or ext. 2687 to set up an appointment.

GENERAL INFORMATION

Important Embassy Contacts

Health unit direct #: 596 687/722 or ext. 2687 /2722

Health unit Staff:

Barbara Gregory, FSHP	**Office: 596 423 or ext 2423**	**Mobile: 0830 5128**
Mona Hempelmann, RN	**Office: 596 518 or ext 2518**	**Mobile: 0830-0354**

After Hours/Emergencies

For minor illnesses and medical emergencies outside regular Health unit Hours, please contact the Health unit staff at above phone numbers, or go to one of the Hospitals or clinics listed below.

Life Threatening Emergency

Perform first aid and take the patient directly to the King Faisal Hospital Emergency room. Call the FSHP or RN to meet you there.
Ambulance service is available through King Faisal Hospital:
Mon – Fri. 8 – 5: 0869 0438
Weekends and nights: 0853 0351 [Innocent]

Health unit Hours of Operation

Monday-Wednesday	**0830h – 1700h**
Thursday	**0830h – 1200h**
Friday	**0830h – 1230h**

Please make appointments.

Laboratory Specimens should arrive in the Health unit before 9:30am, since they need to be at Bio-Medical-Center by 11:00am.

Medical Resources in Rwanda

The Health unit has compiled the following list of health care providers. Practitioners are included after review by the Regional Medical Officer or Nurse Practitioner. **The list is not meant to be exhaustive or definitive nor does it represent either a guarantee of competence or endorsement by the Department of State or the American Embassy**. It does indicate that the American community has utilized them in the past. Retention on this list depends upon a combination of factors including availability, training, and positive assistance in previous consultations, etc. Patient input, both positive and negative, regarding experience with local health care providers, is always welcome and provides additional information to assist in expanding or contracting this list.

Hospitals in Kigali

King Faisal Hospital (open 24h) (Behind the Novotel Hotel)
Consultation and Hospitalization; Phone: 588-888/ 582-654/ 582-655/ 582-659

This hospital provides 24-hour Emergency assistance with physicians and nurses on duty in the emergency room. It has surgical facilities and intensive care units including neonatal. It has a laboratory, pharmacy, and digital radiology facilities including CT, Ultrasound, Mammography, X-ray and a new digital fluoroscopy. As a general rule, hospitals, laboratories and x-ray facilities in Kigali are not as modern or as well equipped as those in the United States**.** It is for these reasons that emergent surgical cases are usually medically evacuated from Kigali to Nairobi or Pretoria.

Our Hospital liaison at King Faisal Hospital is **Clare Karibika**. She is the Director of Continuing Quality Improvement and you can call her if you need assistance while at the hospital or if you can not get a hold of the HU staff at **0830 6667.**

King Faisal Hospital Clinics

Call 3939 or 3938 from a mobile phone or 239 from a landline phone.
Ask for an appointment with the specialist you would like to see:

Internal Medicine:	Dr. Jules Kabahizi (Nephrology)
	Dr. Emmanuel Musabeyezu (Pulmonology)
	Dr. Denis Humberto (Endocrinology)
	Dr. Dania Madiero (Urology)
	Dr. Jose Edelbert (Anesthesiology)
	Dr. Betty Khainza (Anesthesiology)
	Dr. Naresh (Anesthesiology)
Neurosurgery:	Dr. Pedro Dominguez
Surgery:	Dr. Alphonse Ndakengerwa (Traumatology)
	Dr. Emmanuel Kayibanda (General Surgery)
	Dr. Didas Mugisa (Cardiothoracic Surgery)
Pediatrics:	Dr. Stephenson Musiime
	Dr. Joseph Mucumbitsi **(**Pediatric Cardiologist**)**
OB & Gynecology:	Dr. Gaspard Ntahonkiriye
	Dr. Janvier Rwamwejo
	Dr. Eugene Ngoga
ENT:	Dr. Jeff Otiti
Dermatology:	Dr. Francoise Gahongayire/Dr. Arjan Hogewoning
Orthopedics:	Dr. Jean Byimana/ Dr. Alex Butera
Physiotherapist :	Jean Damascene Gasherebuka & Laurence Ingabire
Endoscopy Services :	Jean Baptiste Habyalimana [0854 0978]
Dentistry:	Dr. Flocerfida Pineda (aka: Dr Ludi)
Orthodontics:	Dr. Sandeep Goyal
Maxillofacial Surgeon:	Dr. Sonia Goyal
Ophthalmology:	Dr. Francoise Rwakunda

Clinics in Kigali

Polyclinique du Plateau (open 24h) Phone: 578-767 (Blvd de la Revolution)
Infectious disease Specialist: Dr. Antoine Muyomba, Cell: 0830-1630

Harmony Clinic [Near CHUK] **Gynecology and Pediatrics**
Phone: 572 281/ 503 749/ 503 063/ 0850 0497; Director: Dr. Muhabura

Bio Medical Center (Near BCK) **General Practitioner/ Internist/ Laboratory**
Phone: 577-492; Director: Dr.Alphonse Karagwira, Cell: 0830- 5005

Belgium Embassy Doctor's Clinic:
Phone: 575 551 ext. 223; Hours: Mon. – Fri.: 0830h – 1215h and 1600h – 1730h

Other Specialists in Kigali

Ophthalmology	Dr. Francoise Rwakunda	576-619
	Rwanda Eye Clinic-Kiyovu	rec@gmail.com
	Dr. Moderva	0859-5668
Gynecologist	Dr. Claude	0845-3932
Dermatology	Dr. Arjan Hogewoning	0881-9728
	Dr. Kayitesi	0856-7478
Adventist Dental Clinic	Dr. Ottini	582-431
Psychiatrist [Nderra hosp.]	Dr. C. Rugondihene	0512-4104
[Does private apt.'s in French in English]		
Counselor [private practice]	Kerry Caley	08300111

Pharmacies in Kigali

Pharmacie Conseil (Opposite Ecole Belge)	572-374/ 0830 3655/3755
Kipharma/ Unipharma	572-944 / 575-234 / 573-489
Sunshine pharmacy [MTN center]	587 547

Veterinarian in Kigali

Clinvet-Kigali (Remera, near the Stadium) 0830-0659
Dr. Rutaysire Alphonse

Medical Providers and Hospitals outside of Kigali

Butare: National University Teaching Hospital	
Dr. Andrew Burner [surgeon]	0302 0457
Northern Rwanda: Shiyra Hospital	
Caleb King, MD	0830-7417
Louise King, MD	0883-6095
Southern Rwanda: Kibagora Hospital	
Sheila Etherington, RN	0854-1206
Julie Yerger, RN	0823 2766
Eastern Rwanda: Gahini Hospital	
Wim Schonbee, MD	0886-4075
Akagera Park Area: Partners in Health hospital	
Micheal Rich MD	0830 4234

HEALTH UNIT PROGRAMS

Orientation Program

New arrivals at Post receive an individual health orientation from the Foreign Service Health Practitioner. Employees are encouraged to attend this orientation soon after arriving in country. Make an appointment with the Health unit for the entire family; bring all items on page 4.

During your briefing you will find out about health hazards and ways to stay healthy in Rwanda. We will review an emergency plan, and you will receive a copy of this manual with information about the State medical plan and local facilities. Malaria prophylaxis will be provided with instructions. Your immunizations will be reviewed and vaccinations started, if appropriate. If you would like to participate in the Walking Blood Bank, you will be asked to sign a consent form.

The Foreign Service Health Practitioner participates in the Post Orientation Program organized by the Community Liaison Office (CLO) and will discuss the State Department Medical Program and local health concerns.

Health Education

The health unit has a large selection of patient education materials: diet and nutrition, alcoholism, hypertension, First Aid, growing up and more are available on the waiting room shelves. Books on a wide range of subjects are available to check out and are displayed in the waiting room.

The health unit regularly publishes articles and offers advice on healthy living in the weekly newsletter, the Gorilla Gazette.

Baby-sitting, first aid, food handling for domestic staff, and CPR courses are offered in response to community requests. Other classes may be created depending on the needs of the community.

Walking Blood Bank

Because of the unavailability/unreliability of local blood banking facilities at many locations, the health unit maintains an updated list of potential blood donors registered by blood type. Blood donations are strictly voluntary and potential donors are screened/interviewed for medical conditions that would preclude them from being acceptable donors. In addition, before any volunteer blood is used, it is re-tested for blood type and HIV antibodies. One should remember that donating blood does not give you HIV (the virus that causes AIDS).

Immunization

Immunizations are an important part of an employee's assignment preparation. It is essential that employees and dependents follow the local health unit's recommendations on immunizations. Immediately after arrival, employees and dependents are encouraged to bring their yellow international immunization record to the health unit to make sure immunizations needed for post are up to date.

Yellow Fever Vaccination

Yellow fever vaccination is required for those traveling or living in areas of South and Central America and Africa where yellow fever infection is reported. Many of these countries will require an International Certification of Vaccination to be completed, signed, and validated by a certified immunization center and will not allow entry without it. Vaccination is valid for 10 years. Personnel should verify and renew, if needed, their vaccination.

Children, as a rule, can begin immunization at 9 months of age. Pregnant women and those with a severe allergy to eggs should avoid vaccination.

Typhoid Vaccine

The typhoid vaccine is recommended for individuals who will have prolonged exposure to potentially contaminated food and water. Since there is only an estimated 50 to 80% protective rate with this vaccine, those vaccinated should still use care in selecting and preparing food and water.

Rabies Vaccine

Rabies vaccine is recommended for pre-exposure use by personnel posted in regions where there is an increased risk of being bitten by a rabid animal. This vaccine may be administered to all ages, but is more likely to be needed after 1 year of age. Children are more likely to be bitten by a stray animal and less likely to tell anyone. Children also have a worse prognosis if they get rabies, so it is highly recommended that they have the initial series. When bitten by a potentially rabid animal, even those persons who have received pre-exposure rabies immunization need evaluation for post-exposure immunization (2 of the same injections) and should contact the health unit as soon as possible.

Hepatitis A Vaccine

Hepatitis A is a serious viral infection transmitted by fecal contamination of food and water. The hepatitis A vaccine series is recommended for everyone over 2 years of age.

Hepatitis B Vaccine

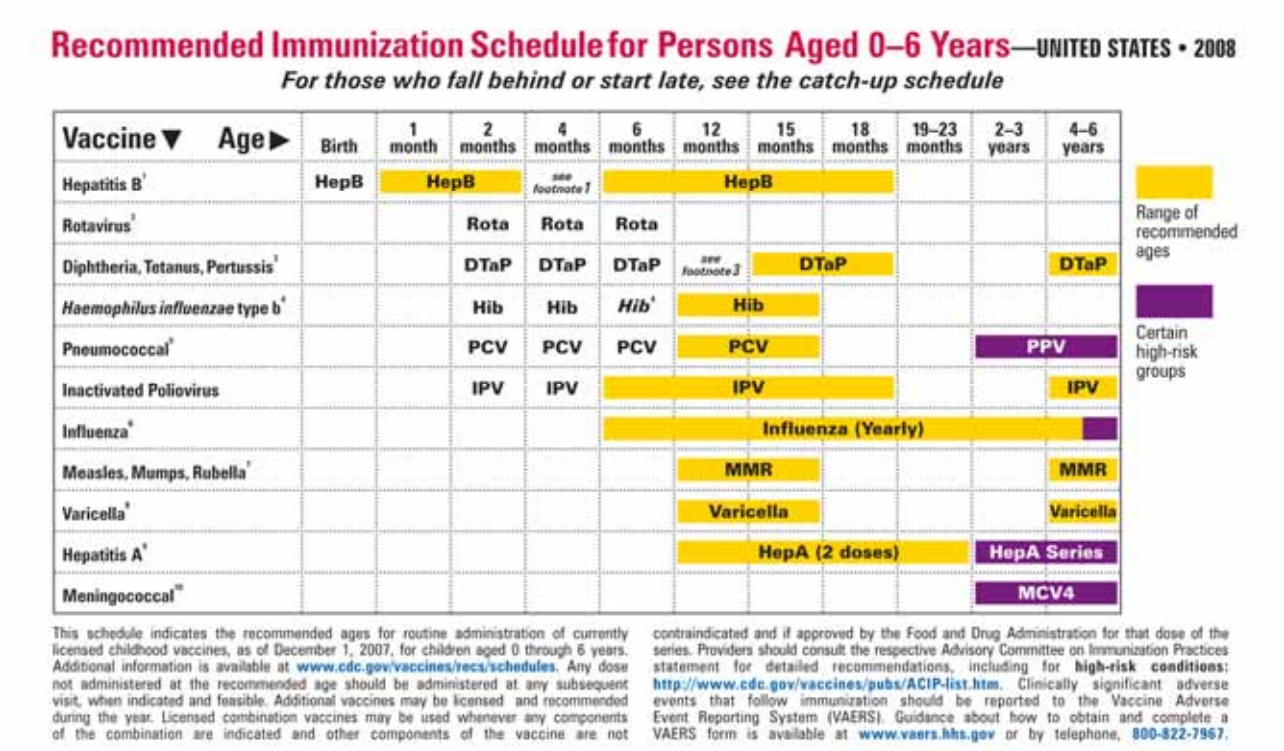
In adults, Hepatitis B immunization is recommended for certain high-risk groups based on occupation, life-style risk factors, and those individuals having intimate contact with potentially infected persons in areas where there is a high prevalence of Hepatitis B carriers. Children in the U.S. typically now receive immunization to Hepatitis B as part of their infant immunizations. Hepatitis B prophylaxis is offered to employees and dependents and can be given at any age.

Meningitis Vaccine

Meningococcal meningitis is a severe bacterial infection, which enters the body through the respiratory system and then infects the brain. Vaccination with the meningococcal meningitis vaccine is indicated for travelers to countries recognized as having epidemic meningitis. In sub-Saharan Africa, such epidemics occur frequently during the dry season (December through June) particularly in the savannah areas of the meningitis belt, which extends from Mali in the West to Ethiopia in the East. Vaccination is recommended for travelers to the Middle East. The immunization is a single dose. Booster doses are recommended after 3 years. This vaccine is not mandatory for Rwanda but should be renewed if traveling in sub-Saharan Africa, as there are frequent epidemics.

Childhood Immunizations

Children traveling and residing overseas are often at increased risk of exposure to contagious pediatric diseases that are more common outside of the U.S. Immunization recommendations for children should be followed closely because of these risks.



Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼ Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B[1]	HepB	HepB		see footnote 1	HepB						
Rotavirus[2]			Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae type b[4]			Hib	Hib	*Hib*[4]	Hib					
Pneumococcal[5]			PCV	PCV	PCV	PCV				PPV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza[6]					Influenza (Yearly)						
Measles, Mumps, Rubella[7]						MMR					MMR
Varicella[8]						Varicella					Varicella
Hepatitis A[9]						HepA (2 doses)				HepA Series	
Meningococcal[10]										MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions:** http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at www.vaers.hhs.gov or by telephone, 800-822-7967.

EMERGENCIES

The primary responsibility of the health unit is to help keep you well and to prevent disease. Wellness prevention is a responsibility we share with you. Feel free to contact the medical staff if you have a question or concern. The staff aims to help maintain the highest standard of health possible for the American Embassy personnel in Kigali

This information will only be helpful to you if it is kept in a readily accessible area, such as with your phone book. Read these pages upon arrival and keep them available for future reference throughout your stay in Rwanda

MEDICAL EMERGENCIES: A GUIDE FOR THE HOME

One of your first priorities upon arrival in Kigali should be to become familiar with the medical care available and develop a plan to handle medical emergencies. Emergencies require prompt action, not panic. The action you take depends on the facilities available and the nature of the problem. Be prepared to go to medical help or to phone for medical help. Know the best way to reach the Embassy Health unit or a hospital emergency room by car. Develop these procedures **BEFORE** an actual emergency arises.

What is a medical emergency?

Sometimes it is difficult to tell when a situation is a "real" medical emergency. If it falls within these categories, it is certainly an emergency. **GET THE PERSON TO MEDICAL CARE AS QUICKLY AS POSSIBLE!**

1. UNCONSCIOUSNESS: If a person is unconscious, get medical help immediately

2. MAJOR INJURY: Rely on your common sense: Injuries such as broken legs and large chest wounds require immediate medical attention.

3. ACTIVE BLEEDING: A wound that continues to bleed despite the application of direct pressure must be treated to prevent excessive blood loss. The average adult can lose several ounces of blood without any ill effect, but a child tolerates loss of smaller amounts. In a small child, if you cannot control a nosebleed, call the medical person on-call immediately.

4. STUPOR OR DROWSINESS: If a person is not alert enough to say what happened to them, get medical attention. A child who cannot be aroused needs prompt medical attention.

5. DISORIENTATION: Often a part of many illnesses, it is common with a high fever. But a previously alert person who suddenly doesn't know time, place or identity needs immediate attention.

6. SHORTNESS OF BREATH: In young adults, the most frequent cause of shortness of breath while resting is hyperventilation. But if it cannot be confidently determined this is the cause, get medical help.

7. COLD SWEATS: The common response to high fever and stress, the cold sweat as an isolated symptom is usually not serious. But in presence of chest pain, abdominal pain or light-headedness, it signals the need for immediate medical help.

8. SEVERE PAIN: Relief of severe pain may call for emergency care even if the cause is found to be inconsequential.

9. SEIZURES, CONVULSIONS: A seizure after a head injury requires medical help. Seizures may occur during an acute illness or if a person has a condition known as epilepsy. The seizure may last two to three minutes, during which time the person should not be restrained but objects that may be harmful to the person should be removed. Do not try to insert anything in the victim's mouth.

DEPARTMENT OF STATE MEDICAL PROGRAM

Explanation of Benefits

The Department of State's medical program provides preventive health care and assists in obtaining medical care at the post of assignment. Health care providers in health units or management officers, if there is no medical staff at post, will oversee health care issues, assist in the selection of a physician or medical facility, and help interpret the regulations (16 FAM) on which the medical program is based. Employees and their dependents are encouraged to establish contact with a health professional early in their tour and have a plan of action for emergencies and locating the nearest and best medical facility.

Health Unit Eligibility (references: 04 State 36783, 04 State 158214, 04 State 201464, 05 State 2398)

The Department's medical program was established to provide access to health care for USG direct-hire employees of participating agencies assigned overseas, and their eligible family members. Certain other categories of employment, such as Personal Services Contractors, may be eligible in accordance with specific requirements. If in doubt, check with Management or Executive staff of your agency. Health Unit personnel cannot provide services to any individuals not meeting the eligibility criteria.

The employee is responsible for the costs of outpatient doctor and specialty visits, whether it is in conjunction with a medical evacuation or not. The employee is also responsible for the costs of all laboratory tests, x-rays, etc. that arise from outpatient visits. Employees should submit medical claims to their insurance carrier to receive the allowable reimbursement once the deductible is met.

Overseas employees and eligible dependents requiring hospitalization are issued an Authorization for Medical Services (DS-3067) form. The DS-3067 allows MED to pay up front usual and customary expenses for hospitalized and related outpatient care for illnesses, injuries, or conditions incurred overseas. BUT, employees and eligible dependents are required to file medical claims with their medical insurance.

Medical Evacuation

Employees and eligible dependents with valid medical clearances, who require medical care while posted abroad in a locality without adequate medical facilities, can be recommended for medical travel (MEDEVAC) and per diem by their regional Medical Officer or MED to the nearest facility with suitable medical care. A MEDEVAC is only authorized if such evaluation or treatment cannot be postponed until home leave or R&R and such a delay can reasonably be expected to result in a worsening of the medical conditions. Those who elect to travel to an alternate destination to receive medical care may do so on a cost constructive basis where the difference in transportation fees and the individual pays per diem expenses.

Under certain circumstances, medical per diem can also be authorized for those traveling on R&R or other post-authorized official travel. Medical per diem cannot be authorized if traveling under Department funded travel orders, i.e. home leave and/or transfer or separation orders, or on personal travel.

Foreign Programs (MED/FP) is the point of contact/liaison between the attending physician, patient, MED and post. Upon arrival in the U.S., the patient must contact Foreign Programs at 202-663-1662 with regard to the medical situation. Foreign Programs will make decisions concerning reinstatement of the medical clearance; this clearance MUST be received before returning to post. Failure to do so may result in loss of benefits.

Pre-certification is required by all health insurance plans in the Federal Employees Health Benefits Program (FEHBP) when hospitalized in the U.S. as well as for certain procedures that are performed on an outpatient basis. Employees are urged to be familiar with their health benefits. If hospitalized on an emergency basis, your insurance company must be notified within 48 hours. This is accomplished by a telephone call to the individual's own insurance plan, either by the individual, his/her physician, or the admitting hospital. Notification is not required for hospitalizations occurring overseas. Please note that this pre-certification is done with the insurance company, NOT with MED.

Checklist for Medevac Travel:

- Medical evacuation travel orders
- Authorization for hospitalization, (will be issued at the site of medevac if hospitalized overseas); MED will issue if medevaced to the U.S.
- Valid passport and re-entry visa
- All pertinent medical records and x-ray films
- Valid immunization record for return
- Medical insurance information (company, policy & group numbers)
- Medical record release for the attending physician
- Airline tickets
- Sufficient funds and credit cards
- Supervisor informed of travel plans and dates

Dental Travel (Dentavac)

Dental emergencies occurring overseas in areas with inadequate dental facilities may require medical travel for urgent dental care. But there are limitations to this travel listed in the 3 FAM 680 regulations and employees must first seek approval from the post medical authority. Because of limited dental benefits, it is prudent to obtain prophylactic dental examinations and treatment during your home leave and/or R&R.

Obstetrical Travel

MEDEVAC to the United States (cost construct to point of entry into CONUS) is both highly recommended and authorized for pregnancy. Up to ninety (90) days of per diem can be authorized for this benefit. This usually allows for 6 weeks of per diem before and for 6 weeks of per diem after the expected due date.

Payment for Medical Care

Insurance and amounts received in settlement of the claims are to be forwarded to their agency collection office. MED serves only as the secondary payer and liability is limited to the residual after the employee's own health insurance has paid. For this reason, employees are strongly advised to participate in the Federal Employees Health Benefit Program (FEHBP).

Emergency Visitation Travel

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; or when a parent or child is in a life-threatening, critical condition. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad." A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of each immediate family member per year. Separate travel for death/interment, however, can be authorized.

Although the health unit may be able to answer general medical questions, it is the responsibility of the post's personnel office to contact Foreign Program (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post. Consult 3 FAM 699.5 for limitations on EVT.

Family in the States needs to alert the attending physician/nurse/clinic/hospital that a physician or nurse practitioner from the State Department Medical Division may be contacting them and that permission is granted to discuss the patient's condition. To expedite matters, the family can ask the attending medical provider to contact the State Department medical staff at 202-663-1662 EST M-F 8am - 5pm. Should the family member wish to travel before receiving authorization for EVT, a repayment agreement may be signed.

Emergency visitation travel has also been amended to include visitation for an employee or eligible spouse serving overseas to visit a parent who has suffered a breakdown in health requiring reassessment of the parent’s living situation. Refer to STATE 007420 for the revision in 3 FAM 3740.

Family Advocacy Program

The Family Advocacy Program provides a program for addressing issues in the family relating to child abuse or neglect as well as abuse of the spouse and other dependent family members. It is meant to facilitate the identification, treatment, and disposition of those children who are victimized and to allow for the legal investigation of the alleged perpetrator.

The authority for this rests in the Crime Control Act of 1990, which specifically mandates that certain professionals in federally operated facilities, such as U.S. Embassies, Consulates, and overseas missions, report cases of actual or suspected child abuse or neglect to a designated law enforcement agency, specifically the Office of Diplomatic Security.

The designation of a Family Advocacy Officer (FAO), usually the DCM, allows for the necessary coordination of systematic procedures for investigation of such cases. The other members of the Family Advocacy Team (FAT) responding to such allegations are the Regional Medical Officer (RMO), Regional Psychiatrist (RMO/P), Foreign Service Health Practitioner (FSHP), and the Regional Security Officer (RSO).
Due to the complex nature of such cases, posts are strongly encouraged to consult freely with MED and DS in Washington DC in dealing with cases of suspected abuse/neglect.

MEDICAL CLEARANCES

To have your clearance done in the health unit, you must start a minimum of **90 days in advance of departure but as early as one year,** so that all the information can be completed and mailed to M/Med. 30 days before you departure. If you have a Class 2 Clearance, your Medical Clearance is now a required part of the bidding process. Remember, Medical Clearance Updates or Physicals may be done up to one year from your departure date from Post. Call the health unit to schedule your appointment. **SCHEDULE EARLY!**

If you are a Direct Hire, you must have a medical clearance

- to have Health unit privileges
- to have medical evacuation paid for
- to have M/MED be the secondary payer for hospitalization
- to be able to have required clearance examinations, and immunizations.

Why is a medical clearance necessary?

The mission of the office of Medical Services is to promote the health of all under its care by encouraging prevention of illness and facilitating access to health care.

The medical clearance is conducted to determine an employee's fitness to perform the duties of a Foreign Service Officer on a worldwide basis. Additionally, the medical clearance for employees and EFMs is intended to identify the presence of any physical, neurological or mental condition, which might be adversely affected if assigned to a post with inadequate resources to manage the identified health condition(s).

When is a medical clearance needed?

A medical clearance is needed every two years or at the end of the tour, whichever period is longer, not to exceed 3 years. The end of tour is usually marked by the home leave. For example, in the case of a 4-year tour, the medical clearance is due at the end of the first 2-year tour, at the time of home leave, (2+2 with HL and clearance in the middle).

1. PERSONS WITH LIMITED MEDICAL CLEARANCES (class 2) *must have post medical approval* from MED Clearances, i.e., their medical needs must be matched with the capabilities of the assigned post to serve those needs. This clearance approval must come ***PRIOR*** to travel to their onward assignment. They may choose the full PE or can use the MCU form, but must provide up-dated documentation regarding the medical condition for which the class 2 was issued.

2. CHILDREN WITH LIMITED MEDICAL CLEARANCES OR SPECIAL EDUCATIONAL NEEDS:

Along with the clearance exam there must be a report from the appropriate medical specialist clearly stating the status of the medical condition and recommendations for treatment and follow-up.

Families receiving "Special Needs Education Allowance" must include an updated *"Report of School Progress"* with their clearance exam or MCU as well as updated reports from therapists/counselors/educators working with the child.

3. MENTAL HEALTH:

Persons who take prescribed antidepressant or other psychotropic medications should provide MED with a statement from their medical provider regarding the current status of their condition and the recommendations for follow-up.

4. DIRECT TRANSFERS:

Class 1 medical clearance remains valid until the next home leave during a direct transfer change of assignment. HOWEVER, a person holding a limited (Class 2) clearance ***MUST HAVE POST APPROVAL*** from MED/Clearances in Washington ***PRIOR*** to the direct transfer. This is to ensure that they can receive necessary care at the new post for their Class 2 medical problem. The new medical clearance (PE or MCU) is required at the time of the next home leave, not at the time of the direct transfer.

5. ONWARD ASSIGNMENT TO WASHINGTON DC:

Persons assigned to Washington do not ***REQUIRE*** a medical clearance, but are entitled to an end of tour exam if they desire. This can only be done in MED/Exam Clinic and will not be funded outside of MED. These exams should be scheduled from October through April.

6. LONG TERM LANGUAGE TRAINING:

All employees must have a valid medical clearance prior to beginning long-term language training (approximately 1-year duration). Employees or eligible family members holding a limited medical clearance must have MED/Clearance's post approval

of the proposed post prior to the employee beginning long-term language training. The clearance may be obtained through the same clearance mechanisms mentioned above.

7. SEPARATION PHYSICALS:

A separation exam must be started within 90 days of the retirement, departure from the Foreign Service, or a dependent child's 21st birthday. The purpose of the separation physical exam is to identify medical conditions that may have developed during service overseas by the employee or EFM. A full PE must be done or a waiver (DS-1689) can be signed if you elect not to have this exam. The Medical Clearance Update form is not used for this purpose.

How are medical clearance exams funded?

1. EXAMS PERFORMED IN THE U.S.:

A DS-3069 "PE Authorization" should be submitted to the examiner. The cost is first paid by the patient's insurance. Any unpaid portion should be submitted to the Medical Claims section for payment. Include a copy of the bill and the insurance Statement of Benefits with your request.

2. EXAMS PERFORMED OVERSEAS:

If adequate resources/personnel are available, the exam should be performed in the HU. (See 1B in "How to Get a Clearance").

3. EXAMS PERFORMED IN MED's EXAM CLINIC:

The HU or employee requests an appointment for the exam via http://med.state.gov/common/examclinic/appointments/

4. DS-616-ADDITIONAL NON-ROUTINE TESTS AND MEDICAL CONSULTATIONS:

Sometimes additional tests that are not routinely ordered as part of the clearance exam are necessary to complete the medical clearance. These additional tests can only be authorized by MED Clearances. They might include such tests as cardiac stress tests, colonoscopy, and medical specialist consultations. A DS-616 authorization form is issued to fund these specific tests.

NOTE: The DS-616 provides funding *ONLY* for *DIAGNOSTIC INVESTIGATION* needed to establish the clearance and is NOT for treatment or follow-up care of a known problem.

What is the employee's responsibility?

1. It is essential that the employee and all family members have a valid medical clearance ***BEFORE*** departure to their onward assignment! You are not eligible for the Medical Program if you do not have a valid medical clearance.

2. Patients should hand carry a copy of their Physical Exam or Medical Clearance Update form to their next post of assignment**.**

3. All patients should check-in with their post HU for a health briefing and establish the health maintenance recommendations for their specific age group and their personal/and family risk factors. At the end of their tour, they should attach a copy of their personal health maintenance documentation to their Physical Exams or MCU forms.

GENERAL ENVIRONMENTAL HAZARDS & PRECAUTIONS

Recommendations for Food Handling

Locally available fruit and vegetables may be contaminated with disease causing bacteria, viruses, or parasites. In addition, many of these items may have been treated with pesticides. If present, exposure to these agents can be decreased by first scrubbing all produce with a brush and washing with tap water to remove all visible dirt, and then secondly by soaking the produce in a disinfecting solution. These procedures are especially important if the produce is to be eaten raw.

1) Wash the salad, vegetables and/or fruit in water with a small amount of detergent.
2) Rinse with tap water.
3) Soak the salad and vegetables in a solution of bleach: If the bleach is 5%, use 1/4 cup or 4 table spoons of bleach for 4 liters of water. If the chlorine in the bleach is 2.5%, then use 1/2 cup or 2 table spoons of bleach for 4 liters of water. However, only let the vegetables and salad in the bleach solution for 30 seconds to 1 minute, not any longer. The temperature of this bleach water should be slightly cooler than the salad. It should not be warm.
4) Rinse thoroughly in potable water, and air dry and it is ready to eat or to place in a clean bowl/plastic bag in the refrigerator.

Additional measures to reduce pesticide exposure from food include throwing away the outer leaves of leafy vegetables, removing the peel from fruits or vegetables, trimming fat from meat, and removing fat and skin from fish and poultry.

Recommendations for Water Treatment

Government's homes have distillers. If disinfection of water is needed, it is best accomplished by first filtering the water to remove particulate and certain organisms, then bringing the water to a rolling boil for 1 minute. An alternate method of disinfecting water is to add a half-teaspoon of fresh bleach (5% chlorine) to every liter of water and then wait at least 30 minutes. If an unacceptable chlorine taste remains in the water after this treatment method, either allow more time to pass before drinking the water or pass the water through a charcoal filter (after the minimum 30-minute waiting time). When traveling, tap water can be disinfected with a variety of halogen agents such as liquid chlorine bleach or iodine tablets, or with water purifier cups, which contain iodine. One should carefully follow instructions on packages or containers. Use of iodine tablets should be limited to occasional use.

Fluoride and Oral Health

Distilled water at post is deficient in fluoride, so parents should obtain a suitable fluoride preparation to give to their children to prevent cavities. Daily fluoride supplements are recommended for children from 6 months of age until 14 years of age and fluoride supplements are available from the Health unit. The daily use of fluoridated toothpaste and dental floss has been shown to prevent dental caries and gum disease in adult populations. Remember to visit your dentist on home leave or while on R & R!

Traffic Accidents/Seat Belt Use

Motor vehicle accidents are one of the highest causes of death among Foreign Service personnel overseas. In many overseas locations, emergency medical care is not readily available or even non-existent. Wearing seatbelts is a must! Seatbelts and child safety seats provide the single greatest margin of safety in an accident. When traveling in official government cars, 6 FAM 617.4(c) requires the use of safety belts.

Altitude and Sun Exposure

It usually takes several weeks to get used to the altitude in Kigali. Mild headaches, sleep disturbances and lethargy are symptoms of altitude adjustment. During this time, one should reduce the amount of strenuous exercise performed and gradually build back up to one's former level of exercise. If possible, try to schedule exercising during cooler parts of the day and drink plenty of water before, during (if possible), and after exercising. Salt tablets should not be used. Some people prefer juices or Gatorade-like beverages after exercising. Although popular after a long hike, beer actually results in further fluid loss.

Sun exposure causes not only a tan, but ultimately may result in sun-damaged skin or even skin cancer. The period of time between 10 AM until 3 PM is when the tanning (and skin cancer causing) ultraviolet light is strongest. If you can, cover your skin and wear a hat with a brim. In addition, applying sunscreen with a SPF factor of 15 will provide additional benefit. Sunscreens should be applied every two hours while outdoors. They are removed during swimming or exercising.

Safety tips for Children

- Avoid nuts, raisins, carrots, hard candies, lollipops and balloons until after 3 yr.
- Wear sunscreen and hat -avoid intense sunlight even with sunscreen if fair-skinned
  (Sunscreen will not prevent melanoma)
- Wear only good quality sunglasses, cheap tinted plastic opens the pupil and lets more sun in, leading to retinal damage
- Keep all poisons in a locked cabinet that children cannot access
- Purify swimming pools and cover sandboxes
- Wear shoes to prevent hookworm. [You can become infected by direct contact with contaminated soil, generally through walking barefoot, or accidentally swallowing contaminated soil. Hookworms have a complex life cycle that begins and ends in the small intestine. Hookworm eggs require warm, moist, shaded soil to hatch into larvae. These barely visible larvae penetrate the skin (often through bare feet), are carried to the lungs, go through the respiratory tract to the mouth, are swallowed, and eventually reach the small intestine. This journey takes about a week. In the small intestine, the larvae develop into half-inch-long worms, attach themselves to the intestinal wall, and suck blood. The adult worms produce thousands of eggs. These eggs are passed in the feces (stool). If the eggs contaminate soil and

conditions are right, they will hatch, molt, and develop into infective larvae again after 5 to 10 days.]

Electrocution: If someone is accidentally electrocuted and becomes unconscious, first break the electrical connections between the victim and the power source. If possible, do this by turning off the power, or remove the victim from the voltage source -- without endangering yourself -- by using a non-conducting object such as a wooden board or a broom handle. As soon as you can touch the unconscious victim safely, begin CPR. Speed is essential. If you are alone, do not take time to go for help. Start CPR immediately.

Burns and Fires:

Burn-proof your house as much as possible. Teach your household help to:

- Turn pot handles inward when heating something on the stove.
- Keep small children away from hot stove, pots, heaters, etc.
- Cover electrical outlets with cover plates.
- Keep electric cords, plugs, outlets and appliances in good repair and away from small hands.
- Avoid the use of flowing clothing near fire or heaters.
- Use protective guards on heaters, especially electric space heaters.
- At appropriate age teach child what to do if a fire occurs.
- Conduct home fire drills involving household help and all family members.
- Teach child to roll and smother clothing if on fire.

Drowning

After auto accidents, drowning is the most common cause of accidental death in the Foreign Service. Follow these recommendations:

- Supervise children at bathing time.
- Supervise swimming even after the child learns to swim.
- Teach children respect for water and pool regulations.
- Encourage swimming lessons early.

Inhaled Poison

If gas fumes or smoke have been inhaled, immediately carry patient to fresh air, initiate CPR if necessary and call for help.

Ticks carry a variety of diseases, so if you find one you need to seek medical care and be able to report where on your body and when you were bitten. For immediate first aid, you will need to remove the tick. Most wives-tales don't work. It is best to simply pull out the tick with your fingers or a tweezer. If you use your fingers make sure they are covered with something so that you don't get juices on your skin. Grasp the tick at the base and pull towards the head (upside down) and away from the belly-do not twist burn or do anything to the tick that would cause the head to separate and remain inside the skin.

Chigger Fleas burrow under the skin and cause a pea-size lesion, which is painful. It is usually found on the feet, under the toenails. The flea needs to be removed from the lesion by widening the opening and removing it with a sterile needle. Apply antibiotic ointment.

TROPICAL MEDICINE TOPICS

Malaria

Symptoms: Malaria can resemble many viral infections such as influenza. Fever may persist for several days accompanied by headache, muscle aches, abdominal pain, and malaise. The classic malaria symptoms of chills, shivering, high fever, and sweating may not occur. In infants, the presenting signs of malaria can be subtle and quite variable, and may include poor appetite, restlessness, and lethargy.

Prevention: CDC and MED recommends the use either Mefloquine or Doxycycline for prevention of Malaria. Malarone is a relatively newly available antimalarial. It is not available in Rwanda and we do not stock a large supply but keep sufficient stock for treatment of malaria.

Although the recommendation for malaria prophylaxis is as written above, we should all remember that this does not preclude the use of insect repellent and the wearing of appropriate clothing to protect us from mosquitoes, i.e. long sleeves and long pants preferably treated with DEET, when at risk. These precautions should also be followed during the rainy season in Kigali to protect us from mosquito bites thus avoiding unnecessary discomfort. Standing water such as swimming pools, fishponds and flowers like lilies that hold water will all attract mosquitoes.

Mefloquine (Larium) should be started one week before traveling to a malarious area and then once a week on the same day each week in that area and for four weeks after leaving the malarious area.

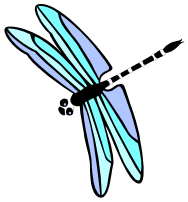
Despite a decreased incidence during the colder winter months, you are strongly urged to take year-round anti-malarial chemoprophylaxis. For all persons living or traveling to other countries or coastal areas, Mefloquine is required due to a higher incidence of the Falciparum variety of malaria, which is often Chloroquine resistant.

Using personal protection measures can further reduce the risk of malaria. Malaria transmission occurs primarily between dusk and dawn because of the nocturnal feeding habits of the Anopheles mosquitoes that transmit malaria. Reducing human-mosquito contact during this period can be achieved by remaining in air-conditioned or well-screened rooms. Aerosol insecticides, mosquito coils, and “electric mosquito mat plug -ins” (that diffuse an insect repellent), may be used in rooms where mosquitoes are found. Use of mosquito nets, preferably impregnated with permethrin, and application of topical insect repellents containing DEET to exposed skin can further reduce the risk of mosquito bites.

Those persons taking any of the various drug regimens as prophylaxis against malaria or following the other suggested precautions must be aware that none of these measures offer assured protection against malaria and that the occurrence of suggestive malaria symptoms such as fever, chills and headaches, might well represent a break-through of malaria. Prompt medical attention is then indicated. Malaria may develop after return from travel for up to 3 years. In order to prevent this relapsing type of malaria from occurring, it is necessary to take an additional drug, Primaquine, once daily for 14 days following the 4 weeks of malaria prophylaxis if you should leave Rwanda for more than

3 months or definitively. It is important to understand that malaria can be effectively treated early in the course of the disease but that delays in the care have serious or even fatal consequence.

Malaria is an infection of the red blood cells caused by one of four different species of parasites carried to humans by mosquitoes. Common symptoms of malaria include: high fever, shaking chills, body aches, and headaches. The most serious of these is Plasmodium Falciparum that can rapidly progress to coma and death. Most of the malaria found in Rwanda is this type. Some of the malarial parasites are becoming more resistant to chloroquine, which has been used for years for the prevention and treatment of malaria. Any person with a febrile illness who lives or has traveled in a malarious area should seek medical assistance immediately. If traveling you should carry one treatment dose with you. Adult dose of Malarone for treatment is 2 adult tablets twice a day for 3 days.



Drugs used in the prophylaxis of malaria

Drug	Usage	Adult dose	Pediatric dose	Comments
Mefloquine (Lariam)	In areas with chloroquine-resistant Plasmodium falciparum	228 mg base (250 mg salt) orally once/ week	<15 kg: 4.6 mg/kg base (5 mg/ kg [salt]) once/week; 15-19 kg: 1/4 tab/wk 20-30 kg: 1/2 tab/wk 31-45 kg: 3/4 tab/wk > 45 kg: 1 tab/wk	Contraindicated in persons allergic to Mefloquine. Not recommended for persons with epilepsy and other seizure disorders: with severe psychiatric disorders; or with cardiac conduction abnormalities.
Doxycycline	An alternative to Mefloquine	100 mg orally, once/day	> 8 years of age: 2 mg/kg of body weight orally/day up to adult dose of 100 mg/day	Contraindicated in children < 8 years of age, pregnant women, and lactating women.

Malarone is not available in Rwanda, but the Health unit keeps a small stock for treatment of malaria. The HU can also prescribe Malarone through your insurance carrier.

Since no anti-malarial drug regimen alone can offer total protection, in addition to the religious use of anti-malarial drugs, it is essential to protect against mosquito bites. One should always:

- Remain in well-screened areas.
- Use mosquito nets (properly treated with a mosquito repellent)

- Use insect repellents, containing about a 35% concentration of DEET on exposed parts of the body. *Children should use 6-10% Deet, more can cause seizures.*
- Spray clothing with permethrin (Permanone) repellent.
- Wear clothes that cover most of the body
- Use flying insect spray containing pyrethrum in living and sleeping areas.

It is best to use a combined sunscreen/insect repellent as one can cancel out the effects of the other.

Filariasis in Rwanda?
The answer is yes.

How do you get it? By a bite from an infected mosquito, usually the night-biting Culex, anopheles, aedes varieties. After being bitten the worm larvae enter the punctured skin. The larvae travel to the lymph glands.
What does it do? As soon as a month after initial contact, allergic reactions like nocturnal asthma, recurrent filiarial fever, and swollen glands can occur. Chronic signs include swollen testicles, milky and /or bloody urine, and elephantiasis of the limbs. It is possible to be bitten by an infected mosquito and not actually get the disease.
Can you test for it? The blood test for Bancrofti is usually not positive for 6-12 months after being infected.
How can you protect yourself? Fortunately the same measures that one uses to protect oneself from malaria carrying mosquitoes will give protection against Filariasis.

- Wear clothes with long sleeves and long legs, socks and shoes.
- Sleep under a net, use mosquito mat plug-ins in sleep areas.
- Use mosquito coils, citronella candles while outside.

What to look for?

- Any swelling in lymph glands
- Any change in urine color, either white, red or rusty looking
- Recurrent fever, wheezing at night
- Remember that the disease manifestations may occur long after you have left Rwanda, so keep this in mind as a possible diagnosis.

Is there treatment? With most Filariasis, even though it is treated it reoccurs. A diagnosis of Filariasis requires yearly medication. Antibiotics are sometimes helpful for secondary infection of the lymph glands.
Is it infectious? Like malaria, it is not transmitted from human to human. The mosquito is the vector. If a mosquito bites an infected person, it will infect the next person that it bites. Those with the disease must be protected from mosquito bites, similar to the precaution for Malaria.

Schistosomiasis
Schistosomiasis has been confirmed at Post through a screening process with CDC and the HU. Schisto is endemic in Rwanda and can be prevented. "It is caused by flukes, which have complex life-cycles involving specific fresh water snail species as intermediate hosts. Infected snails release large numbers of minute, free swimming larvae (cercariae) that are capable of penetrating the **unbroken** skin of the human host.

Even brief exposure to contaminated fresh water, such as wading, swimming, or bathing can result in infection."

The early signs of Schistosomiasis (bilharzia) after the cercariae penetrate the skin are itching and a localized rash that disappears within a day or two followed by a symptom free period of 4-6 weeks. At the end of 4-6 weeks, the person tends to feel weak, loses their appetite, has night sweats and a pronounced rash resembling hives all over the body. A late afternoon fever lasting 5-10 days, known as "snail fever" or "fievres de Safari".

Chronic infections which cause the damage to organs depend on the type of worm causing the infection. In Rwanda we have only 2 of the 4 types, S. haematobium and S. mansoni. S. Haematobium causes passage of blood and mucous in the urine and painful urination, it can also cause changes in the color and consistency of semen. S. Mansoni characteristically causes bouts of diarrhea with the passage of blood and mucous. In the late stage, scarring of the liver and fluid accumulation in the abdomen can occur.

Schistosomiasis is a chronic condition causing cumulative damage making the person vulnerable to other infections. It can be treated with Praziquantal 40mg/kg/d in two divided doses.

Golden Rules to Prevent the Entry of Schistosomiasis into Your Body

Avoid contact with fresh water, no danger in salt water.
When it is hot, make short trips to avoid the temptation to cool off in a stream.
If you must pass through streams, wear high waterproof boots.
Stay away from banks of streams, in the center there are fewer snails.
Avoid contact during bright hours when the cercariae are out of the snails.
Carry rubber gloves to use in water, i.e. to fill your car radiator.
Boil or chlorinate water for bathing or drinking.
Use water that has been stored in a clean container for 3 days for bathing.
Drinking water should be boiled for 10 minutes or treated with chlorine.
Cook vegetables well and avoid salads.

Cysticercosis

Feces of pigs do not contain eggs, because the pig does not host the tapeworm although it is named pork tapeworm. It is man that hosts the tapeworm in the gastro-intestinal tract. This means that vegetables or fruits fertilized by human waste are potentially contaminated if the waste has originated from a person hosting a tapeworm. So where does pork enter into the picture? Well, pigs do actually eat human waste (and a worm hosting person can as well infect other individuals or re-infect himself by fecal-oral route). Following digestion of the eggs, they will hatch in the stomach lumen and become small larvae that will penetrate the mucosal wall, enter the bloodstream, and finally be carried to the subcutaneous tissue causing cystocercosis which is asymptomatic, or in the central nervous system causing neuro-cysticercosis. The latter may evoke neurological symptoms such as chronic headache and convulsions. The reason the transmission cycle is completed is because pork meat containing the cyst with the larva occasionally is eaten without having been adequately cooked therefore undercooking does not kill the larva. Following ingestion of the meat containing the larva, the larva will develop into the adult pork worm in the bowel system in man and thus the cycle is completed.

Coming back to the issue on strawberries. Strawberries are not fertilized by human waste and therefore do not pose a risk for contracting neuro-cystocercosis even if they should

have been fertilized by pork waste. However, there is always a potential risk involved by eating uncooked and improperly prepared food especially if the food items have been handled by a person hosting a tapeworm who has not used good hygienic habits of hand washing after using the toilet. Other parasitic infections, such as giardia (protozoa) and worms (helminths) can be contracted by the ingestion of food items that have been fertilized by pork waste.
Therefore, always rinse fresh vegetables and fruits thoroughly and follow with soaking them in a bleach solution (5 drops of eau de javel/chlorox in one liter of treated water for 15 minutes) in order to inactivate egg, cyst, and bacterial growth.

Dr. Peter Leutscher. Updated December 1999

Should you eat uncooked strawberries and undercooked pork? Pigs carry the worm, Taenia solium, which can also be ingested while eating undercooked pork-along with trichinosis. The cysts of this worm exist in the feces of the pig-fertilizer. The most common cause of cysticercosis infection is eating undercooked mealy pork.
Another disease, which comes from tapeworm cysts, is called ecchinococcus and is transmitted from sheep to dogs to the soil. Sheep fertilizer should also not be used in your garden. Make sure that your gardener is using only zebu fertilizer in the garden.
There are certain foods that are difficult to clean because of their many surfaces and some cysts cannot be eradicated by chlorine. Special care should be taken in cleaning certain foods.

What can happen if I eat foods that contain eggs of these tapeworms?
Cysts form throughout the body including the brain. In some places they don't do too much damage until they get bigger but they occupy space in your brain that you probably want. The percentage of the population in Kigali that is infected with cysticercosis is 18%

Are there tests to diagnose if I have this disease?
Yes, there are blood tests that diagnose these diseases and it is a good idea to have departure blood, urine, and stool tests to make sure you leave here healthy. None of the tests are 100% accurate

Is there medicine to treat this disease? For cysticercosis (pig tapeworm), yes there is a medicine that treats it. For ecchinococcus, there is no medication; the cysts must be surgically removed.
Avoid salads that you have not prepared, use tomatoes and cucumbers instead or other peeled or smooth surfaced vegetables [beets, carrots (peeled)] for salads
Avoid uncooked vegetables.
Remember the rule: **Peel it, cook it, soak it or forget it**

Plague

Most large groups of people coming down with plague live in the rural parts of the country.
How would you get it? You get it from the bite of a plague-infected flea that lives on the rat.
How would you know if you were in danger? Seeing dead rats is a sign that the plague

has become virulent enough that the rat could not survive the fleabites. This is an ominous sign.
If you find dead rats on your property, you should:

- leave them for at least one hour to allow all of the fleas to leave
- with a stick place them in a garbage bag, seal it and place it inside another.
- take the dead rat to BMC for brain necropsy to determine if it died of plague

Other measures:
Make sure your cats and dogs have flea protection, collars or preferably Advantage (which keeps the fleas off)
Reduce the places rats can live--covers on garbage cans, no garbage in wheelbarrows
If using traps place them outside your perimeter to avoid accidents
Sleep at least 12 inches off the ground-fleas can't jump that high
Use USG approved insecticide wherever rats are seen to kill fleas
Don't kill rats unless killing fleas (the carriers) first

The symptoms of plague are similar to many other illnesses with the exception of the large glands in the pubic and underarm areas, buboes. If you have groin swelling and fever, you should be seen in the health unit. .

Hepatitis
Hepatitis A and Hepatitis B are two distinct, separate viral infections of the liver. The two diseases are frequently confused and can only be adequately differentiated by serologic testing.

The hepatitis A virus (HAV) causes Hepatitis A, formerly referred to as "infectious hepatitis," The fecal-oral route transmits Hepatitis A almost exclusively. Spread of HAV is enhanced by poor personal hygiene and overcrowding and is common in the developing world. Transmission may occur by direct person-to-person contact or from contaminated water, ice, shellfish harvested from sewage-contaminated water, or from fruits, vegetables or other foods which are eaten uncooked and which may become contaminated during handling. Boiling or cooking to 85 C or 185 F (1 minute) inactivates the virus. Cooked foods cannot serve as vehicles for disease unless contaminated after cooking. No HAV "carrier state" has been identified after acute type A hepatitis (unlike with Hepatitis B infection). An effective vaccine is available (See section on IMMUNIZATIONS).

The hepatitis B virus (HBV) causes Hepatitis B, formerly referred to as "serum hepatitis". Most notably contaminated body fluids, most notably saliva, blood, and semen transmit HBV. HBV is most commonly transmitted through dirty needles (especially illicit drug usage), intimate (especially sexual) contact, and perinatally (from mother to child before, during or after birth.). Groups with high rates of HBV infection include spouses of acutely infected persons, sexually promiscuous persons, health care workers exposed to blood, residents and staff of custodial institutions, and to a lesser extent, family members of chronic HBV carriers. Approximately 10 per cent of persons with acute hepatitis B become chronic HBV carriers capable of transmitting the disease.

Gamma globulin offers little protection against hepatitis B. There is now a safe and effective vaccine for Hepatitis B prophylaxis (see section on IMMUNIZATIONS).

Hepatitis C & E are other types of viral hepatitis. Hepatitis C, like hepatitis B, can be transmitted by sexual contact with infected partners and other activities that result in the exchange of blood or blood-derived fluid. Hepatitis E virus transmission is similar to that of hepatitis A in that it usually is transmitted by ingesting contaminated food or water, but also can be spread directly from person to person. Vaccines have not been developed for either of these viruses. Fortunately these infections are uncommon and following the same precautions described for hepatitis A & B can reduce the risk of acquiring them.

Parasitic Infections:
Parasitic infections are quite common throughout most of Rwanda. The two most common types that have been found in the Embassy community are ameba and giardia. Diagnosis and treatment require stool examinations.

Most ameba infections are without symptoms. Symptomatic cases may present with mild abdominal discomfort, diarrhea alternating with periods of constipation, or acute dysentery with fever, chills, and bloody or mucoid diarrhea.
Giardia, while often asymptomatic, may also be associated with a variety of symptoms such as abdominal discomfort, bloating, vomiting, loose malodorous stools, fatigue, weight loss, and "sulfur belches".

Leprosy: There are reported cases of leprosy in Rwanda. Leprosy is NOT easily spread and DOES NOT constitute a health risk to foreigners in Rwanda

Salmonella and Shigella infections (sometimes called food poisoning) often cause severe diarrhea, fever and vomiting. They are treatable. Avoidance of leftovers, pastries, fish or foods with a mayonnaise or milk product base which have been at room temperature for several hours before serving etc, will help avoid these diseases.

Rabies is an endemic disease throughout Rwanda. The rabies virus is found in the saliva of infected animals, including dogs, cats and other mammals. Once symptoms of the disease appear, there is no cure. Rabies vaccines are available for pre-exposure use as well as after being bitten by an animal.

When an animal bites a person, the most important thing to do immediately, is to wash the wound with soap and water for 10 minutes. Rinse well, and then clean with alcohol. If the animal is infected with rabies this treatment will often be enough to kill the rabies virus but not always. After washing the wound, call the RMO or FSHP for further advice. The animal should be caged, if possible, and watched for 10 days under the supervision of a veterinarian. If during the 10 days the animal becomes ill, call the veterinarian immediately. If the animal cannot be caged, it is important to seek medical advice immediately. The precautions that can be taken to lessen the chances of your family being exposed to rabies are:

- Get the pre-exposure series so your body begins to develop a defense to the virus and you would require fewer injections if bitten.
- Vaccinate all of your pets against rabies.
- Keep your pets inside your yard so they are not exposed to wild animals that might be carrying rabies.
- Don't allow your children to play in areas where animals may bite them.

OTHER MEDICAL TOPICS

Fever:

Home treatment for a child age 6 months or older; with fever of 102 - 104 degrees F, sore throat, crying, sluggish or crabby:

- Take temperature morning, noon and night.
- Don't overdress; too many clothes or blankets prevent the escape of body heat and increase temperature.
- Sponge with tepid water if fever reaches 104 degrees F.
- It may be easier to bathe in a tub of tepid water, but never leave a child unattended.
- Do not sponge with alcohol. The vapors are dangerous, and the alcohol actually closes the sweat pores, increasing the temperature.
- Increase fluid intake.
- Give Tylenol or Motrin to help ease aches and pains and reduce the fever.
- **DO NOT GIVE ASPIRIN** for fever in children due to the risk of Reye's syndrome. (See Warning below)

NOTIFY THE HEALTH UNIT:

- If the fever is not reduced 2 degrees after one hour of bathing.
- If there are convulsions.
- If Tylenol does not bring the fever down in 1-2 hours or if the child seems to be shaky.
- If fever is over 102.5 degrees F.

Aspirin is contraindicated for fever control when a child has chickenpox, or any other viral illness, which causes fever. Acetaminophen (trade names are Tylenol, Tempra, Panadol, Congespirin Aspirin-free or St. Joseph's Aspirin-free) or ibuprofen are the only fever control medication that should be administered. The American Academy of Pediatrics and the U. S. Public Health Service have cautioned for several years about the possible relationship of aspirin and the serious complication known as Reye's syndrome (an often fatal encephalitis and hepatitis that can occur following chickenpox or a viral illness).

Be certain to very carefully read medicine bottle labels. If aspirin (acetylsalicylic acid is the chemical name) is listed as an ingredient, the product should not be given to your child when the child has the "flu", chickenpox, or a viral illness of any kind.

Tylenol (acetaminophen) or children's Motrin (Ibuprofen) are the medications you should keep on hand for fevers, aches and pains associated with viral illness and "flu".

Diarrhea:

Diarrhea is usually caused by ingesting food or water containing viruses, parasites, bacteria or toxins or from fecal contamination of the ingested food or water. Hands (yours or someone else's), non-potable water and contaminated RAW fruits and vegetables are the usual vehicles that carry the offending agent(s) into your mouth and then into the intestinal tract.

Diarrhea is frequent loose stools, usually self-limited, and can be treated with supportive measures. **Pepto-Bismol is quite effective in most cases.** Pepto-Bismol **contains aspirin** and is not without its own side effects including the caveat that children should not be given aspirin containing products if they have flu-like symptoms, fever accompanies the diarrhea or they are recovering from chickenpox. Reye's syndrome can occur. Do not take aspirin if you are taking Pepto-Bismol. Pepto-Bismol may also cause your tongue to have a black color.

The routine use of Lomotil or antibiotics is discouraged. If you take these latter medications, you may prolong the disease (or even make it worse) by preventing the body from eliminating the offending agent.

Dysentery is an unusually frequent loose stool accompanied by severe abdominal pain, vomiting, fever, and/or blood, mucus, or pus in the stools. If diarrhea persists for longer than 24 hours or any of the symptoms of dysentery develop, you should be seen in the health unit.

In addition to the medications mentioned previously for diarrhea and any medications prescribed for dysentery, it is important to replace the fluid lost in the stool in order to maintain adequate hydration. Many of the symptoms you experience are due to fluid and electrolyte (salts) loss. In attempting to rid itself of the offending agent, your body is expelling large amounts of fluids, which contain needed sodium, potassium, chlorides and other salts. Infants can dehydrate very quickly especially if diarrhea is accompanied by vomiting. If adequate fluids cannot be taken, medical advice should be sought.

To replace these lost fluids and electrolytes, you should consume large amounts of liquids, especially Oral Rehydration Solution (ORS). Other fluids you can drink, in addition to ORS are Gatorade, flat (carbonation removed) soft drinks (not colas), Jell-O, and clear soups, and apple juice. Oral Rehydration Solution (ORS) packets are available in the Health unit. Families with small children should keep two or three on hand at home. If you do not have these packets it is simple to make your own with this formula:

Prepare two (2) separate glasses of the following:

Glass 1

Orange, apple, or other fruit juice..... 8 ounces

(rich in potassium)
Honey or corn syrup (contains glucose) ..... 1/2 tsp.
(do not use honey for infants less than 1 yr. old)
Salt (contains sodium & chloride). ..... 1 pinch

Glass 2
Water, carbonated or boiled.....8 ounces
Baking Soda (contains sodium bicarbonate) ..... 1/4 tsp.

Drink alternately from each glass. Supplement as desired with carbonated beverages (NOT colas), clear soup, bouillon, and water. Eat a BRAT diet (bananas, rice, applesauce, and toast) avoid dairy products until recovery occurs. It is important that infants continue breast-feeding and receive plain water as desired while receiving these solutions. You may mix both glasses if you wish to do so.

NOTIFY THE HEALTH UNIT IF:
- Diarrhea in children accompanied by other signs of infection such as pulling of the ears, sore throat, crying when urinating.
- Diarrhea is accompanied by blood.
- Diarrhea persists for more than 2 days.
- Vomiting persists.
- cramps are severe and/or are accompanied with abdominal pain
- Fever over 101 degrees F.

Vomiting may be secondary to throat and ear infections, or due to viral infections or food poisoning. Special care should be given to small babies with vomiting and/or diarrhea, because they lose body water faster than adults do, and dehydration occurs rapidly.

Home Treatment is Rehydration and Rest:
1. Give no solid or liquid food for the first hour after last vomiting; then begin fluids, a teaspoon at a time beginning with clear fluids. If a teaspoon of fluids stays down after 5 minutes, give another teaspoon, and progress as tolerated. Sucking on ice chips is a good way to take fluids and, at the same time, relieves your dry mouth.
2. Gradually continue to increase liquid in-take over 6-12 hours, and start solids thereafter.

NOTIFY THE HEALTH UNIT IF:
- vomiting in children accompanied by other signs of infections such as pulling on ears, sore throat, crying when urinating
- A child fails to urinate in an 8 hour period.
- The child refuses to take fluids.
- The vomiting is severe or persists over 12 hours.

Dehydration is the rapid loss of fluid from the body over a short period of time. Generally the largest cause of dehydration is vomiting and diarrhea. It is important to increase fluid intake, especially Oral Rehydration Solution (ORS) when anyone has diarrhea and vomiting. Symptoms of dehydration are dry skin, weakness, thirst, pale skin

color, and irritability (especially in children). When someone has had several watery stools and has vomited all fluids for eight hours, seek medical advice immediately.

Due to the tropical climate and particularly in the summer months when temperatures are highest, dehydration (the deficiency of fluids and salts or electrolytes]) becomes quite prevalent. While infants are particularly prone to this problem, adults also suffer from it frequently. It is perhaps the most subtle and most common problem seen. Due to the greater loss of fluids by the body in tropical climates the need to replace fluids regularly is greater.

Most individuals rely on their thirst mechanism to "tell" them when to drink. In temperate climates this is adequate, but studies have shown that the thirst mechanism becomes inadequate in tropical climates and individuals tend to become chronically dehydrated. This leads to increasing fatigue, headaches, cramps, dizziness and a variety of similar problems. These are usually easily correctable by increasing the salt and water intake. Individuals who are chronically dehydrated tend to suffer more from kidney stones, which are more frequent in tropical zones.

You are urged to drink at least 2 quarts (8 glasses) of non-alcoholic beverages (do not count tea and coffee) daily to assist your body in maintaining a good fluid balance. Remember, alcohol is a dehydrating agent and acts in inhibiting a hormone, ADH, causing your body to give up water against its will. Alcoholic drinks therefore should be “balanced" by another non-alcoholic drink to get back to zero. The daily intake of purified or bottled water is suitable in providing the fluid to help prevent dehydration and lessen the chances of forming kidney stones.

Respiratory Infections are very common illnesses. Usually there are more cases at the seasonal changes between warm-cold weather and cold-warm weather. There is no cure for a cold, so relief of the symptoms is the standard practice. At the first sign of a cold the best advice is to get plenty of sleep, increase fluids and eat good, balanced meals. Hot lemonade with honey is a good home remedy for uncomplicated coughs. Hot salt gargles 4 times a day is still one of the best treatments available for uncomplicated sore throat. (1/4-tsp. salt to one glass hot water). Sore throats and colds are somewhat more frequent in Rwanda than in the U. S. and tend to linger longer, particularly during the dry season. All colds and most sore throat are caused by viruses thus antibiotics are useless. Symptomatic treatment with Tylenol, aspirin (adults only), or ibuprofen, and sometimes decongestants are indicated with medical consultation for complications. Increase your fluid intake and get more rest than usual. With bacterial sore throats and respiratory infections there is usually fever, swollen tender lymph nodes, difficulty swallowing, white patches on the throat, and/or purulent sputum production. If you develop these symptoms, you should be seen in the Health unit. If antibiotics are prescribed, take them for the full length of time prescribed.

Heat related illness' Rwanda can be very hot! There is the danger of heat related illnesses (heat cramps, heat exhaustion and heat stroke). Those engaging in strenuous physical activity, especially at midday or when unaccustomed to vigorous activity, need to be aware of problems associated with over-heating, and actions to reverse them.
Some people and circumstances require special attention:

- ✓ Those unaccustomed to vigorous exercise.
- ✓ infants, small children, and older persons,
- ✓ those with cardiovascular disease
- ✓ Those who take a medication that inhibit sweat gland activity. Such drugs include Belladonna alkaloids such as Atropine (Lomotil), Hyoscyamine and Scoplamine (present in many cold medications), and many commonly used synthetic counterparts such as Probanthine, Banthine, Donnatal, etc.

Heat Cramping is painful cramping of voluntary muscles following prolonged exposure to heat. It is caused by excessive loss of salts (electrolytes) from the body through sweating. The muscles of the arms, legs and abdomen are usually involved, and the cramps may be very painful. Body temperature is normal.
Treatment for heat cramps is to replace fluid and electrolytes with Oral Rehydration Solution (ORS).

Heat Exhaustion occurs due to excessive loss of water and salts from the body.
Signs of Heat Exhaustion:

- profuse sweating
- pale cool skin
- weakness
- confusion
- body temperature elevated

Treatment of Heat Exhaustion:

- cool the person immediately in as cool an environment as possible
- lie the person down and loosen clothing
- Replace water and electrolytes with ORS. Push other cool liquids
- seek medical attention

Heat Stroke is a **medical emergency!!**
Signs of Heat Stroke:

- skin is hot or dry
- temperature is greater than 106 degrees F
- Significant central nervous system (brain) dysfunction (i.e.: delirium, seizures, etc.)

Treatment of Heat Stroke:

- GET MEDICAL HELP!
- assure an open airway; make sure the person is breathing
- cool the person down immediately using a sheet or blanket soaked with cold water

Kidney Stones are an additional problem seen during periods of extreme heat. Urinary tract stones can be related to the crystallization of highly concentrated urine, therefore we recommend that you increase your fluid intake during the hot season.

Sun and Sunburn: Sunburn is a preventable illness. Some sun is helpful. It Provides vitamin D and improves skin disorders such as psoriasis and acne. Too much sun is harmful. Over exposure to the sun is a health hazard, causing painful sunburn and long-term effects such as wrinkling and skin cancer. The sun's ultraviolet B (UVB) rays are believed to cause most of the burning effects while ultraviolet A (UVA) rays, sometimes mistakenly called "safe", cause much of the tanning and probably are responsible for most of the long-term damage from the sun.

Sensible Sun Protection

- When you work or play outdoors protect your skin year round from the sun even if you are not "sunbathing". Many common outdoor surfaces reflect and intensify the sun's rays, including sand, road surfaces, cement, water and snow.
- When you sit under an umbrella there is no guarantee of safety as sand and water reflects over half of the sun's rays.
- When you are in the water the sun's rays can penetrate through, as well as reflect off water thus increasing sun exposure.
- When your skin is naturally dark, it has more natural protection than lighter skin but it is still susceptible to the damaging effects of over exposure to the sun, including sunburn, premature aging and skin cancer.
- Certain drugs, skin creams and perfumes can make you burn more easily.
- If you are prescribed a medication that can increase your sensitivity, the Health unit will inform you of this and instruct you to avoid exposure to the sun. Antibiotics are common offenders.
- When your wear thin clothing, the sun can still burn you, especially if the clothing is wet. If you can see your hand through the fabric, the ultraviolet rays can get through and burn you.
- The amount of excess skin exposure before age 25 determines who is at increased risk for skin cancer later in life, so protect your skin and your children's skin with sunscreen.

Sunscreen can help protect skin against sun damage. The following is a guide, according to skin type and tanning history, to select your SUN PROTECTION FACTOR (SPF).

Skin Type/Tanning History

- Always burns easily/never tans	SPF 15 – 45 ULTRA
- Burns easily/tans minimally	SPF 8-15
- Burns moderately/tans gradually	SPF 6-8 EXTRA
- Burns minimally/always tans well	SPF 6

Abrasions and Cuts should be cleansed thoroughly with soap and water. Even minor wounds can become infected. After washing, rinse the wound with Betadine. Cover the wound with a Band-Aid or dry dressing. If there is any possibility that suturing

may be needed, alert the Health unit as soon as possible. Lacerations that require suturing should be attended to within 6 hours to avoid further contamination and prolonged healing. A tetanus booster might be given if immunization is not up-to date.

Pesticides are used based on their effectiveness to control specific pests (e.g. roaches, mosquitoes, termites, rodents, etc.). The Department of State policy regarding pesticide use is in the Guide to Integrated Pest Management of Common Household Pests for overseas Families. Emphasis is placed on minimizing the presence of pests (e.g. by sealing openings in walls and around windows, repairing screens, and placing weather stripping around doors) and creating inhospitable living conditions for pests by reducing availability of food and water. Pesticides (only EPA approved pesticides) are to be used as a last resort.
Adherence to these guidelines is vital for the prevention of accidental poisoning by pesticides. Many of the dangerous pesticides banned in the United States (e.g. DDT, Chlordane, and Lindane) are used in other countries. **Never** purchase locally prepared pesticides, because even if it is an approved chemical, the concentration may be too high or it may be mixed with a dangerous solvent.
Contact the GSO for help with serious pest problems. And refer to the Guide to Integrated Pest Management if you are contemplating using a pesticide.

Poison
Poisoning, the fourth most common cause of death in children, results from the complex interaction of the agent, the child, and the family environment. The peak incidence is at age 2, and most of these episodes are not actual poisoning but ingestions that do not produce toxicity. Accidents occur most often in children under 5 years of age as a result of insecure storage of drugs, household chemicals, etc. Repeated poisonings may be a sign of a family problem requiring intervention. Accidental poisonings are unusual after age five. "Poisonings" in older children and adolescents usually represent manipulation or genuine suicide attempts. Toxicity may also result in this group following the use of drugs or chemicals for their mind-altering effects.

The following precautions should be taken to reduce the risk of accidental poisoning in the home:

- Keep medications and dangerous household products locked up and out of reach of children. Do not carry medicines in your purse.
- Ask for and use safety lids or closures on containers of medications and other potentially dangerous products. There has been a 55% reduction in deaths from aspirin poisoning since law mandated childproof caps.
- Keep products in their original containers, well labeled. Use the poison symbol to identify hazardous substances.
- When taking medications, make sure there is sufficient light in which to read the labels.
- Shelve and otherwise locate medications away from foodstuffs.
- Around children, always call medicine just that, not candy.
- Use potentially dangerous volatile substances only in well-ventilated areas.

- Do not store anything in unlabelled containers except water and perhaps juices, etc. in the refrigerator.
- Store bleach, floor wax, ammonia, etc. where children cannot get to them.
- In homes that are not "child-proof", watch your children. Do no let them slip upstairs unattended to "find the cat".
- Destroy all unused medications. Do not throw medicines in wastebaskets or garbage cans where servants or children might find them.

Hazardous local plants and animals

There are, a number of poisonous plants found in Africa and possibly in Rwanda. It is especially important that children are taught to not rub plants on their skin or put them in their mouth. The following is a partial list:

Plant	Botanical Name	Effects
Barbados nut	Jatropha	severe gastroenteritis
California geranium	Senecio	liver toxicity
Castor Bean	Ricinus Comm	s.gastroenteritis
Crown of thorn	Euphorbia	skin irritation
Dusty Miller	Senecio	liver toxicity
Heliotrope	Heliotopium	liver toxicity
Jequirity bean	Abrus precatorius	fatal gastroenteritis
Jimsonweed	Datura	possibly fatal
Poinsettia	Euphorbia	skin irritation
Pokeweed (unripe berries)	Phytolacca amer	blood cell breakdown
Ragwort, tansy	Senecio	liver toxic
Posary pea	Arbrus Pec	fatal gastroenteritis
String of Pearls	Senecio	Liver toxic
Strychnin	strychnos nux vomica	fatal

Remember to pack vinegar, sunscreen, insect repellent, and something to boil water with you in your first aid kit when you travel.

Poison on the skin:

If poison has been spilled on the skin or clothing, remove clothing and flush the involved parts with water. Then, wash with soap and water and rinse.

Poison Control Hotline—1 800 222 1222

Prevention of Lead Poisoning in children

MED recommends blood lead screening annually for children, six months to six years of age. Lead poisoning is one of the most common and preventable health problems in children. Lead is everywhere in the environment as a result of industrialization. Lead has no known physiologic value in the human body. Children are particularly susceptible to its toxic effects. Lead poisoning is usually silent without any symptoms; most cases go undiagnosed and untreated. It is widespread and no socioeconomic group, geographic area, or racial or ethnic population is spared. Many factors affect the absorption,

distribution and toxicity of lead. Children are more exposed because of their normal hand-to-mouth activities. Children absorb about 40% of the lead they ingest.

Sources and Pathways of Lead Exposure

Lead based paint remains the most common high dose source of lead exposure for children. About 74% of privately owned houses in the US, built before 1980 contain lead based paint. Children are exposed when they eat paint chips or ingest paint-contaminated soil. Soil and dust act as pathways to children for lead deposited from paint, gasoline and industrial sources. Soil adjacent to roads, smelters and houses with exterior lead-based paints are significantly higher in lead content. Contamination of drinking water with lead usually occurs in the distribution system from lead connectors, lead pipes, lead soldered joints, lead containing water fountains and coolers, and lead-containing brass faucets and fixtures. Lead in drinking water is not a prominent source of lead poisoning in children.

Improperly fired ceramic ware, leaded crystal, and lead-soldered cans may result in lead leaching into foods. Cans manufactured outside the US, typically, continue to contain lead solder. Dietary supplements from "natural sources" such as calcium supplements from animal bone source can have high lead content.

Lead crystal should never be used to store food and should not be used to hold baby formula or juices.

High lead levels may be present in hot water prepared in lead-soldered teapots.

- casting ammunition, fishing weights, or toy soldiers
- making stained glass, pottery, refinishing furniture, burning lead painted wood

Electrical Safety

Electrical devices in and around the home are a potential source of shock and electrocution. Statistics gathered from the Consumer Safety Commission on major sources of injuries and deaths from shock and/or electrocution hazards implicate electrical devices such as hand power tools (drills and saws, primarily), hair dryers (including curling irons and combs), space heaters, kitchen appliances, etc. Common household items such as extension cords, lamps, TV sets, and radio sets are also reported hazards.

In the majority of cases of shock or electrocution, one or more of the following usually happens:

- There is contact with water or standing on a wet surface and/or not wearing shoes.
- An electrical device is used without being properly grounded.
- Removing the third prong on the cord defeats a grounding provision.
- A defect in the electrical device or wiring causes a short circuit.

Precautions:

- Never touch electrical devices when you are wet.
- Never place an electrical device near a bathtub, shower, or tub.
- Do not use electrical cords that are frayed or when the insulation is not intact.
- Select electrical devices with a safety tested label such as
- Underwriters Laboratories (UL) in the U.S. or a similar label in other countries.

Sexually Transmitted Diseases

Individuals living overseas are at risk for sexually transmitted diseases (STDs) by having high-risk sexual behavior. STD risk factors include the number of sexual exposures, number of different partners and number of anonymous partners (including commercial sex workers).

STDs are caused by viruses (HIV, hepatitis B & C, genital herpes and genital warts), bacteria (gonorrhea, syphilis, chancroid, chlamydia), or protozoa (trichomonas). STDs caused by viruses have no cure. AIDS is caused by the HIV and there is no cure. Hepatitis B virus can lead to severe chronic liver failure. Genital herpes and genital warts in pregnant women can cause serious illness to infants at time of birth. Bacterial causes of STD can often be treated with an antibiotic if one recognizes the symptoms (if present) and seeks prompt treatment. Unfortunately, many people do not have symptoms and some of these infections can lead to problems such as infertility, arthritis, sepsis, and damage to nervous tissue.

Symptoms of STDs in men may include burning on urination, white or yellow discharge from the penis, swelling in the groin or ulcers, blisters, or sores on the genitals. Women tend to be less likely to have symptoms but ulcers, blisters or sores on the genitalia or lower abdominal pain, vaginal discharge and fever should alert the individual to seek qualified medical care.

Prevention of STDs is best accomplished by the practice of abstinence or in maintaining a monogamous relationship. If one is absolutely unable to follow this recommendation, then proper use of a condom will reduce the risk. One must remember that a risk of being infected with a STD still exists even with use of a condom.

Skin Rashes

Persistent or severe skin rashes should be evaluated by a health care provider since many things can cause them: food allergies, bacterial infections, intestinal parasites, internal illnesses, fungus infections, climatic conditions and irritants from plants. The best rule is to treat skin gently – stay dry, keep irritated skin moist and prickly hot skin cool and dry.

Transient rashes associated with some viral infections are not uncommon in children but may need evaluation by your health care provider. Most of the problems, which cause rashes in children, are relatively benign and easily managed.

MENTAL HEALTH

Mental Health Services

The psychological well being of Foreign Service Officers and their families is an important aspect of the support and concern of the Office of Medical Services.

As part of the State Department's Medical Services Program, there are eleven (11) Regional Medical Officer Psychiatrists (RMO/P) serving overseas regions. These medical doctors offer psychological services within their geographic areas to all employees and their family members for individual, couple (marital), and family counseling sessions. Consultations for dependent children in various school settings can be arranged to facilitate the evaluation of learning disabilities and educational behavioral problems. Their intervention and guidance in problems involving alcoholism and

substance abuse should be sought in order to access appropriate treatment facilities available in the U.S.

While there may be various mental health counseling services and therapists in many areas overseas, a great deal of caution should be exercised in choosing such an alternative. It is best to contact the health unit at your post or the RMO/P directly for suggestions and recommendation to local practitioners.

In instances where an emotional crisis is evidenced by the inability of an individual to function, it may be determined by the medical personnel at post, in consultation with the RMO/P, that a medical evacuation is necessary to the United States (usually in the Washington, DC area). These circumstances and procedures follow the guidelines outlined in other medical evacuations and result in the annulment of medical clearances until the psychiatric consultations and further evaluations are completed to ascertain the desirability for return to the overseas assignment or environment.

The "BLUES" will occur in Rwanda just as they do in the States but seem to be more pronounced. Particularly when you move into a new community, you are trying to get settled, make friends and have lots of free time, the blues seem to take over. The best prescription for handling the blues is to keep busy. Rwanda is a long way from home and is isolated but there are lots of interesting things to see and do. If you can't seem to get rid of the "Blues", come to the Health unit and discuss it.

Stress Reactions

While most persons adapt and adjust to the various events of overseas and existence (geographic re-locations, responses to new cultures and the challenges of parenting), a few find that their coping methods may be overwhelmed to the point of requiring some therapeutic intervention.

Temporary indications that one may be experiencing undue stress are:

- Feelings of anxiety excessive worry, guilt or nervousness
- Increased anger and frustration
- Moodiness
- Depression
- Increased and decreased appetite
- Racing thoughts
- Nightmares/difficulty sleeping
- Problems concentrating
- Trouble learning new information
- Forgetfulness
- Increased frustration and irritability
- Over reaction to small things

When stress does occur, it is important to recognize and deal with it by either developing a change in physical activities (exercise), relaxation techniques or seeking avenues for sharing one's stress - perhaps with the nurse practitioner, RMO, or by seeking professional help from a mental health counselor.

Culture Shock

Many people assigned overseas are surprised and dismayed to discover that the effects of cultural differences can result in feelings of disorientation that range from subtle symptoms to more alarming levels of reaction. These responses may be evident in employees and their dependents regardless of the number of previous overseas tours and despite their obvious positive anticipation for working and living in a foreign country.

- Vague feelings of being lost in a strange environment
- Feelings of frustration and anxiety within six months after arrival
- Feelings of overwhelming need to isolate oneself from the environment or setting of assignment
- Experiencing feelings of hostility and aggressiveness towards the host country and its culture
- Rejection of host country's cultural values, beliefs and assumptions and comparing them unfavorably to that of American way of life.

Many of these vague feelings or responses are a normal reaction to a new and different way of life and working situation. These feelings may temporarily interfere with one's development of a more healthy perspective. Often people are encouraged to participate in cross cultural orientation programs specifically focused in adjustment for that particular assignment.

Depression

Individuals may manifest transient responses to the adjustments of living and working in a foreign environment or to real external losses by "feeling blue" or "down in the dumps". However, it is necessary to recognize those situations in which a more serious condition occurs called clinical depression.

People who have major clinical depressive disorders have a number of symptoms nearly everyday, all day, for at least 2 weeks or more. The symptoms associated with this condition always include at least one of the following:

- Loss of interest in things they used to enjoy.
- Feeling sad, blue or down in the dumps.

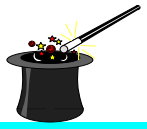
They will also have at least THREE of the following symptoms:

- Feeling slowed down or restless and unable to sit still.
- Feeling worthless or guilty.
- Increase or decrease in appetite or weight.
- Thoughts of death or suicide.
- Problems concentrating, thinking, remembering or making decisions.
- Trouble sleeping or sleeping too much.
- Loss of energy or feeling tired all of the time.

With depression, there are often other physical or psychological symptoms, including:

- Headaches - Feeling pessimistic or hopeless
- Other aches and pains - Being anxious or worried
- Digestive problems - Sexual problems

Too often the symptoms of depression are not recognized as such and this often delays referral to the treatments that are available. Depression is treatable and successful intervention can save lives. Contact the Health unit to recommend a mental health specialist to do the initial assessment and determination of the appropriate treatment approach.



PREVENTIVE HEALTH

Alcohol and Drug Awareness Program (ADAP)

The Alcohol and Drug Awareness Program (ADAP) is a diagnostic and referral service of the Office of Medical Services. It is a medically confidential service. The individual who seeks help for substance abuse is assured the same medical confidentiality accorded those who seek help for other diseases. The individual's diagnosis and treatment plan become part of their medical record, not part of their personnel file. By federal law, counseling and/or treatment are in no way prejudicial to job security or promotional opportunities.

Individuals serving overseas historically have had to deal with the possibility of addiction to alcohol and more recently to other drugs. People in the Foreign Service enjoy no magical immunity from addiction. The Foreign Service is a microcosm of the general population and therefore the statistics that prevail nationally apply.

Addictive use of alcohol or drugs is a progressive phenomenon and the individual usually is the last person to know, or admit, that a problem exists. Self-referral for assistance is therefore not the most frequent mode for intervention in the progression. Intervention is more likely to be activated by a spouse, loved one, or supervisor. Statistics both nationally and within the Foreign Service indicate the leverage possessed by a supervisor can have a meaningful impact on the individuals becoming willing to abandon denial and admit to the need for help.

Alcoholism is the most prevalent of the addictions in the Foreign Service. However, the easy availability of illicit drugs overseas has seen a burgeoning problem of drug abuse among dependent children. Quick identification of the problem by the post health professional enhances the likelihood of recovery through quick medical evacuation followed by treatment and appropriate post-treatment aftercare.

In all cases of medical evacuation for alcohol or drug dependency, whether the patient is an employee or dependent, the issue of clearance to return overseas will depend on treatment outcome, the commitment to recovery of the individual, and the availability at post of regularly scheduled English-speaking AA groups and other support services.

Effective intervention and professional treatment have resulted in hundreds of Foreign Service people returning to the professional mainstream in full command of all their powers.

Exercise

Nearly every person at post can exercise, so what is most important is to find a form of exercise, which one can enjoy and will be able to maintain. Physical inactivity has been shown to be one of the biggest risk factors for heart attacks, perhaps even a greater risk than smoking. Children who are physically inactive tend to remain inactive throughout their life. Unless there is a medical reason not to exercise, you should pursue some form of physical activity a minimum of three days a week for twenty minutes at a time. Even moderate exercise has shown to have a benefit in reducing heart attack risk, so one should forget the dictum "no pain, no gain". Exercising can be fun!

Nutrition

Over consumption of fat and calories is a big problem for many in the Foreign Service. In addition, many individuals consume too much alcohol or sodium, and may not be consuming enough fiber, calcium, iron, or folic acid.

Current nutritional guidance is to eat a variety of foods, maintain a healthy weight, limit fat to less than 30% of total calories (with saturated fats limited to less than 10% of total calories), eat at least five servings a day of vegetables, fruits, and grain products, moderate use of salt, sodium, sugar, and alcohol. Women have special dietary needs, such as folic acid during pregnancy, as well as calcium to build optimal bone mass and prevent osteoporosis. Women are also more likely to be iron deficient due to increased losses from menstruation. Individuals with elevated cholesterol levels (above 200 milligrams per deciliter or "200") may need to be on special cholesterol lowering diets. Special diets are also recommended for overweight and diabetic individuals.

Smoking and Tobacco Use

Nearly everyone knows that tobacco smoke not only affects the smoker, but also those exposed to the smoke. Banning of tobacco smoke from buildings was stimulated by studies, which showed that passive exposure or "bystander" exposure to tobacco smoke is related to a number of health effects. Children living in a house with smokers are known to have more respiratory problems than those living in non-smoking homes do. Smoking is an addiction, yet there are effective methods to stop. Often smokers are not successful in their initial attempt to quit. The health unit can assist anyone interested in quitting. Since smoking generally begins during adolescence, parents should reinforce the message not to begin smoking and to encourage their children to quit if they have already started.

Jet Lag

Whether or not the travel is for business or pleasure, jet lag can make anyone feel out of sorts. Headache, tiredness during the day, or insomnia at night from jet lag can be especially bothersome to those with busy schedules, which do not afford a day or two of

rest following a long distance trip. Generally, travel from west to east produces more symptoms of jet lag than the same time zone change when traveling the opposite direction.

In order to lessen jet lag, many experts recommend that the traveler adopt the new local hours for sleeping and for being awake before arriving at the new location. Shifting one's schedule by an hour or so at least several days before traveling may facilitate this. The correct timing of meals might also be useful, although a much-touted anti-jet lag diet has not been fully evaluated. Dehydration, which can be worsened by consuming alcoholic beverages, is a common problem after a long plane ride. One should avoid all alcoholic beverages and consume more than the usual amount of other beverages, such as juices and water. Many experts recommend avoiding caffeinated beverages, whereas there are some that feel caffeine may help to adapt to the new time zone when taken at the correct time. Dehydration can also cause constipation, so a diet rich in fiber may help avoid this as well.

You should choose an aisle seat and try to walk around every half-hour. This can prevent a blood clot in your calf, an increasing problem with long flights.

To prevent tired or sore muscles, a number of stretching exercises can be performed while sitting or standing in the plane. In addition, exercise is a way to stimulate metabolism and mental alertness. The use of sleeping pills (or alcohol for a similar effect) should be avoided. These can often cause prolonged effects that may decrease concentration, memory, and affect other areas of performance, which are important, especially if one has to work shortly after arrival.

MISCELLANEOUS

Dependent Parents and Adult Dependent Children:

Dependent parents, visiting friends and relatives, and retired Foreign Service persons are not eligible for Health unit access, hospitalization or medical evacuation under the Department of State Program. While most private medical insurance companies cover travelers, Medicare and Medicaid do not. HMO's generally do not pay for overseas hospitalization or outpatient care. Even though we cannot be the primary care providers, we would be glad to answer questions regarding health matters of friends or relatives and make recommendations as to where to find the appropriate care.

Medevac insurance is highly recommended for friends and family visiting you here in Rwanda.

Minor Children (Below 18 Years of Age)

For medico-legal reasons, minor children will be examined and treated only when accompanied by a parent or guardian except in an emergency situation. In unusual circumstances, a written note or permission to examine and treat the minor may be accepted. Parents should fill out an "authorization for treatment" form whenever traveling and leaving their child in the care of another adult. Forms are available in the Health unit.

Medical-Surgical Consent Authorization for Children

Parents or guardians planning to be out of town should submit a letter authorizing medical and surgical care for dependents to the health unit prior to departure. In an emergency, the absence of authorization could complicate and delay treatment of the child. In addition to a copy of the form below, the caretaker should have the WHO immunization card and the child's passport.

Written authorization for each child should be made in duplicate, one copy to the health unit and one to caretaker.

Sample Authorization from the Health Unit

I_____(parent or guardian) give permission to _____ (caretaker name) to consent to any medical care including diagnostic tests, surgery or immunizations at the health unit/ medical office/dental office, laboratory clinic or hospital deemed necessary for my dependent_____(name child under 18) during my absence from post or if I am unavailable to give consent

.

Authorized Dates of Care: From_____ to _____

Name of Dependent Child: (printed)_____

Name of Parent/Guardian (printed): _____

Signature of Parent/Guardian_____

Witness (printed)_____

Signature of Witness_____

Date_____

Domestic Employees:

Employees and food handlers working in the home are a potential source of illness for others. **Pre-employment and annual examinations are highly recommended**. These should include a general physical examination looking for contagious diseases, a chest x-ray to screen for tuberculosis, and 3 stool tests to screen for parasites. If a domestic employee becomes ill, they should receive medical attention and be provided necessary sick leave. Medical examination as well as the care and treatment of domestic employees are the responsibility of the employer and are not done in the health unit.

Most importantly, domestic employees should be carefully instructed and supervised in proper personal and household cleanliness, including such procedures as food preparation and handling and dish washing. It may be wise to repeat instructions frequently and to make sure they are understood and correctly carried out. Finally, soap, fingernail brushes and clean towels should be provided for the frequent and thorough hand washing necessary in the kitchen, as well as for the gardeners and guards. Mosquito coils should be provided for the night guards.

A reminder for parents, if you are going out of town or even out for the evening, you should let your babysitter/caretaker know that in an emergency, your children should be taken to King Faisal Hospital. They should have a consent form with them for urgent treatment and they should also have the phone number for the medical officer.

To: _____ From: _____

Please perform a basic employment physical for _____ who is being hired as a personal household staff with cooking and cleaning or child care responsibilities. Please complete the exam with special emphasis on identifying any possible infectious diseases. I will be paying for the exam and tests and would like the results given to the employee in a sealed envelope. Feel free to discuss the results with the patient if there is anything concerning, as these will <u>not</u> be shown to another medical provider unless you give a referral. Thank you.

Pre-Employment Physical Report

Name of Candidate: _____ Date: _____
Address: _____ DOB: _____
Position Applying For: _____

Smoker—yes / no

PHYSICAL
Height: _____cm Weight: _____kg Blood Pressure: _____
Pulse: _____/ min Resp. rate: _____/min

Hearing: _____
Vision: _____
Lungs: _____
Heart: _____
Skin: _____
Spine: _____

LAB (Note: Please attach all results)

3 stool exams for ova and parasites: 1:_____ 2._____ 3. _____
Chest X-Ray: (rule out active dx of TB): _____
Hep C: _____
HIV: _____
[Prospective employee must agree and have pre-test counseling if this is included]

Results: Cleared for employment_____ (I.e. no evidence of infectious dx)
Not cleared for employment_____
Reason _____

Name of Examining Doctor: _____ Signature: _____
Office Address: _____ Office Phone: _____

APPENDIX A

HIV/AIDS (Updates from Dr. Larry Hill – 2004)
It has been more than 20 years since AIDS was first described in the gay communities of LA, San Francisco and New York. On the positive side, an incredible amount has been learned about the disease, its cause, its prognosis and more recently, its treatment. On the negative side, the disease has reached pandemic proportions and has expanded into the heterosexual population such that there are now more than 40 million humans carrying the virus and several million dying of HIV/AIDS each year. The great majority of infections and deaths occur in the least developed nations of the world, especially in Sub-Saharan Africa. Each year, those that die are being more than replaced by new infections from the virus that lives in the body for up to ten years before causing disease.

The US Foreign Service is by no means immune to the ravages of HIV. In spite of the high level of education and sophistication of our employees, both American and Foreign Service nationals, we see new infections and deaths every year. As a result, the Department and its far-flung missions have devoted significant time and resources to the epidemic to lessen its devastating role on the well being of our people.

HIV/AIDS in the Workplace: In 2001, the Department issued a workplace policy for all missions, regardless of the prevalence of the disease in specific sites. The policy addresses several aspects of the problem. Among them are:

- No Locally Engaged Staff employee or candidate for employment is to be tested for HIV as a part of the requirements for work – American applicants for Foreign Service positions are still tested to insure that all are worldwide available.
- Locally Engaged Employees are encouraged to know their own HIV status through voluntary counseling and testing but there is no obligation to share that information with the Embassy. Strict confidentiality will be observed when information is shared. All attempts will be made to lessen the stigma that is part of HIV/AIDS.
- The missions are encouraged to insure that its employees are educated as to the nature of the disease and its means of prevention. Condoms are to be made available confidentially and free of charge.
- The missions are to insure availability of treatment for opportunistic infections, prevention of mother to child transmission and post-exposure prophylaxis and consideration is to be given for making available anti-retroviral agents for the treatment of advanced HIV disease.

Prevention: HIV is easy to prevent. Abstinence, having a single sexual partner of known HIV negativity and/or using a condom are straightforward means of insuring that the virus is not transferred. Blood transfusions should be kept to a minimum, within the bounds of safety, and when the local blood supply is considered unsafe, a "walking blood bank" of known HIV negative donors should be used.

Post Exposure Prophylaxis (PEP): The chance of contracting HIV from any given episode of occupational accident (e.g., a health care worker being stuck by a needle),

trauma **(**e.g., a traffic accident where blood from one person mingles with blood of another), sexual attack or consensual sex with a person of unknown status is low. Nonetheless, it is known from needle stick studies that the already low incidence can be lowered further by the rapid administration of certain anti-HIV drugs. The key is the drugs must be taken quickly, hopefully within a few hours. Should you or a member of your family be possibly exposed to HIV, call the Health unit immediately and discuss the problem with the doctor or nurse. At night or on the weekend, do not wait until the Unit is open; seek advice immediately. The provider might well give you the medicines right away as he or she ascertains the true risk of transmission – the drugs might soon be stopped, or they might be continued for a full month. When in doubt, call!

Anti-retroviral agents (ARVs) – AZT was introduced in the late 1980s. Since then, a wide variety of drugs to fight HIV infection have been developed and the concept of combining 3 or 4 drugs in a "cocktail" has, for many, turned a fatal disease into a chronic one. In most developed countries, national programs have made ARVs available to all in need. In others, there are no such national programs and insurance companies are the source of such medicines. In several nations, especially in the developing world, insurance companies do not exist or those that do specifically exclude coverage for ARVs. In those, some US missions have established programs to make sure that their FSN employees are able to receive the drugs and be monitored for effectiveness.

Hotlines – There are many 24 hour/365 day sources of information on HIV/AIDS, both in the US and elsewhere. Perhaps the two best known ones are:

Center for Disease Control and Prevention (CDC) – 800-342-AIDS
University of California, San Francisco, for PEP questions – 888-HIV-4911

Your health unit staff is always ready, willing, and able to help. If they don't have the answers you need, they will get them for you. And, they guarantee that whatever you tell them will be held in the strictest confidentiality.

APPENDIX B

Suggestions for home medical kit:

HEALTH NEED/PROBLEM	SUGGESTED ITEM
Athlete's foot	Antifungal powder or cream
Body temperature evaluation	Oral/rectal thermometer
Constipation	Milk of Magnesia
Cough	Cough Syrup (e.g. Robitussin DM)
Cuts and Scrapes	Topical Antibiotic Joint (Bacitracin) Band-aids, sterile 4 X 4 gauze pads, Adhesive tape roll
Diarrhea	Pepto-Bismol (tablet or liquid)
Dry skin	Skin Moisturizers
Eye Care	Liquid Tears (eye drops)
Fever	Tylenol/Ibuprofen
Insect Protection	Repellents containing DEET
Itching from allergy, insect bites or minor skin irritation	0.5% hydrocortisone cream [topical] Antihistamines tablets [Benadryl]
Nasal congestion due to colds, Allergies, dust	Pseudo ephedrine and/or antihistamine (e.g. Sudafed, Chlor-Trimetin)
Skin disinfection, cleaning of minor cuts and scrapes.	Soap/Betadine
Sore Throats	Throat lozenges or spray
Strains, Sprains	Elastic bandage roll (Ace wrap)
Sun Protection	Sunscreen and lip balm with at least SPF 15

APPENDIX C

EMERGENCY NUMBER LIST

Safety at home and preparing your household staff for emergencies are concerns we all have. To reduce the likelihood of miscommunication, the following number card can be cut out and placed near the phone. Show it and go over it with your household staff so that they are familiar with how to use it, if necessary:

IN CASE OF EMERGENCY		
	OFFICE/BUREAU	**MOBILE/CELLULAIRE**
AMERICAN EMBASSY	250 596 400	Post 1: 250 596 407
USAID	250 596 800	
CDC	250 596 555	
DUTY OFFICER		0830 0345
Home Security Guard		
MEDICAL OFFICER	250 596 687/722	0830 5128/ 0830 0354
EMPLOYEE:		

APPENDIX D

Pediatrics: Motrin, Benadryl and Tylenol Doses

MOTRIN / IBUPROPHEN

Ages 6 mths - 12 yrs	5 mg/kg <102.5			10 mg/kg >102.5		
	Liquid 100mg/5		Chewable 50 mg	Liquid 100mg/5		Chewable 50 mg
6 kg	1.5 cc	¼ tsp	½ tab	3 cc	½ tsp	1 tab
10 kg	2.5 cc	½ tsp	1 tab	5 cc	1 tsp	2 tabs
10 - 15 kg	3.75 cc	¾ tsp	1 ½ tab	6.5 cc	1 ½ tsp	3 tabs
15 - 20 kg	5 cc	1 tsp	2 tabs	10 cc	2 tsp	4 tabs
20 - 25 kg	6.25 cc	1 ¼ tsp	2 ½ tabs	12.5 cc	2 ½ tsp	5 tabs
25 - 30 kg	7.5 cc	1 ½ tsp	3 tabs	15 cc	3 tsp	6 tabs
30 - 35 kg	8.75 cc	1 ¾ tsp	3 ½ tabs	17.5 cc	3 ½ tsp	7 tabs
35 - 40 kg	10 cc	2 tsp	4 tabs	20 cc	4 tsp	8 tabs
40 - 45 kg	11.25 cc	2 ¼ tsp	4 ½ tabs	22.5 cc	4 ½ tsp	9 tabs
45 - 50 kg	12.5 cc	2 ½ tsp	5 tabs	25 cc	5 tsp	10 tabs

ORAL DOSAGE OF DIPHENHYDRAMINE HCL (BENADRYL) AS AN ANTIPURITIC AND SEDATIVE

DRUG FORM	BODY WEIGHT	DOSE	FREQUENCY
Benadryl elixir 12.5 mg/5 mL[a]	8 - 10 kg (18- 22 lb)	2.5 mL	3 or 4 times a day
	10 - 15 kg (22-33 lb)	5.0 mL	
	15 - 20 kg (33-44 lb)	7.5 mL	
	20 - 30 kg (44-66 lb)	10.0 mL	
or Benadryl Capsules (25 mg/capsule)	15 - 25 kg (33-55 lb)	1/2 capsule	
	Over 25 kg (over 55 lb)	1 capsules	

[a]*Caution:* May cause drowsiness or hyperactivity

CHILDREN'S TYLENOL DOSAGES (ACETAMINOPHEN)

Weight	Drops (80mg/0.8ml) Dropperful	Elixir (160mg/5ml) Teaspoon	Chewable Tablets (80mg ea)
6-11 pounds (lbs) 2.5-5.4 kilogram (kg)	**½ dropper** **0.4ml**	----------	----------
12-17 lbs 5.5-7.9kg	**1 dropper** **0.8ml**	**½ teaspoon** **2.5ml**	----------
18-23 lbs 8.0-10.9kg	**1 ½ dropper** **1.2 ml**	**¾ teaspoon** **3.5ml**	**1 ½ tablets**
24-35 lbs 11-15.9 kg	**2 droppers** **1.6ml**	**1 teaspoon** **5 ml**	**2 tablets**
36-47 lbs 16.0-21.9 kg	----------	**1 ½ teaspoon** **7.5 ml**	**3 tablets**
48-59 lbs 22.0-26.9 kg	----------	**2 teaspoon** **10ml**	**4 tablets**
60-71 lbs 27.0-31.9 kg	----------	**2 ½ teaspoon** **12.5 ml**	**5 tablets**
72-95 lbs 32.0-43.9 kg	----------	**3 tsp** **15 ml**	**6 tablets**

Important Points with a Fever:

1) Continue to drink fluids and urinate frequently.

2) If child is unable to drink fluids or stops having tears, urination, or moist mouth, these are serious signs of dehydration. The child needs immediate medical attention.

3) If fever remains up after ½ hour after Tylenol, a lukewarm (the water should be the same temperature as your skin) bath will reduce the fever. Do not use alcohol (can cause seizures and toxicity), do not use cold water [it will cause the child to shiver and shivering dramatically raises the body temperature].

4) If the fever remains up after baths and Tylenol, call your health care provider.

APPENDIX E

Fahrenheit	98.6	100	101	102	103	104	105
Centigrade	37	37.8	38.3	38.9	39.4	40	40.5

APPENDIX F

DOS policy on Health Unit Services

Applicability

This instruction applies to (a) overseas, direct-hire employees of Mission agencies that participate in Embassy Health unit services offered under the Interagency Cooperative Administrative Support Services (ICASS) program and (b) authorized dependents of such employees who are included on official assignment orders and who have been medically cleared for Rwanda. **Note:** Newly acquired dependents, whether by birth, adoption, or marriage, must be medically cleared to be eligible for treatment, medical referral, or other services offered through the Health unit. Contact Foreign Service Health Provider for information on medical clearance and Health unit access requirements for newly acquired dependents.

Policy

It is the policy of the Department of State and other agencies participating in the Department's Medical Program to offset the cost of medical care for employees and eligible family members (EFMs) with reimbursements from employee health insurance carriers. An employee or EFM who is admitted for inpatient care will initially have that care paid for by his/her agency. The employee is then responsible for filing a claim with his/her medical insurance carrier. When reimbursement is received from the carrier, the employee must turn over the proceeds to the Embassy Financial Management Office (FMO) to offset the cost of the medical care received. The employing agency is responsible for any co-payments and deductibles that the insurance carrier does not cover.

Who Pays for Medical Care Overseas?

Health Unit Care:

The health unit provides immunizations, general medical evaluation and consultations, and referrals to specialized practitioners for further diagnosis and treatment. The cost of operating the Health unit is shared by participating agencies under the ICASS system.

Outpatient Care (local providers):

Employees and eligible family members (EFMs) who receive outpatient testing, diagnosis and/or treatment by local medical practitioners must pay for services and claim any reimbursement provided under their individual health insurance provisions.

Inpatient Care:

The Department of State and participating agencies *initially* pay for overseas inpatient care (hospital or medical -clinic facility) and related outpatient follow-up treatment. *However, the patient must submit a medical insurance claim to his/her health insurance carrier for reimbursement, which must then be turned over to the Embassy FMO for credit to the agency's account.*

The agency's responsibility to pay for medical care overseas is limited to the residual after submission of claim and payment by the primary insurer -- the employee's health insurance carrier. The patient's agency is responsible for payment of applicable co-payments and deductibles in accordance with the terms of the patient's insurance policy.

Expenses must be in line with reasonable and customary local charges for medical services. Payment of expenses for personal convenience (extra services or other accommodations superior to what are normally required for treatment in question) will not be authorized. The patient must pay for all services received which are ineligible under his/her insurance plan.

Payment for cosmetic or prosthetic care is not authorized, except in cases where the initial need for such care results from a medical condition or medical treatment authorized under the medical program. Payment for dental care is authorized only in cases where the employee or EFM is hospitalized on an inpatient basis on advice of the Health unit or when specifically authorized by M/MED.

Procedures for Collecting from Employee
Health Insurance for Inpatient Care Overseas:
When the Health unit determines the need for hospitalized care (usually defined as treatment involving at least an overnight stay), it issues a DS-3067 form to authorize the inpatient care.
Repayment procedures are as follows:

- The hospital submits the bill for medical services to the Embassy Health unit, which approves and forwards the bill to the Financial Management Officer (FMO) for payment.
- FMO provides the employee a copy of the bill for submission to his/her private health insurance carrier. The FMO cover letter provides the instructions and fiscal data associated with the medical expenses.
- The employee submits a claim for reimbursement to the health insurance carrier and gives FMO a copy of the claim.
- When reimbursement is received, the employee endorses the check "Pay to the Order of American Embassy Kigali," followed by the payee's signature, and takes it, with the insurance company's summary of benefits paid and a copy of the FMO cover letter, to Gabriel in B&F. He will give the check to the Embassy cashier who will then credit the payment to the appropriate fiscal data. A copy of the collection document will be forwarded to the employee. (In the case of State-funded expenses, a reporting cable will be sent to the Department to closeout the employee's medical account.)

Note: If no reimbursement is received after six weeks, the FMO sends monthly reminders to the employee. After 90 days, should an employee fail to obtain reimbursement or present proof that the insurance company has denied the claim, the FMO will initiate collection action directly from the employee.

Special Cautionary Note:
It is especially important for employees to understand that U.S. Government-provided medical coverage for employees and eligible family members overseas does not apply when employees/family members are in the United States (on assignment, home leave, R&R, or for any other reason) unless the illness, or injury is directly connected with overseas service. Employees are strongly advised to carry adequate medical insurance protection for themselves and their families.

APPENDIX G

US Department of State
Office of Medical Services

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY US DEPARTMENT OF STATE (DOS) OFFICE OF MEDICAL SERVICES (MED) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of MED except when the release is required or authorized by law or regulation.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information:

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

MED is permitted to make, without an additional patient release, the uses and disclosures of patient information for the purpose of:

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we would disclose your protected health information, as necessary for provision of any diagnosis and prescriptions/medications in a DOS health unit/clinic. We will disclose your protected health information to another physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services, including services recommended for determining eligibility for benefits, and utilization reviews. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations of adverse events or complaints, medical suitability determinations for medical and security clearances, medical clearance of an individual for a specific post, oversight of staff performance, and conducting or arranging for other health care related activities.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- Crimes occurring at a DOS facility
- Responses to legal proceedings
- Information requests for identification and location of individuals
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Medical emergencies (not on the DOS premises) believed to result from criminal conduct

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of another person or the public.

National Security

We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities and protective services to the President or others.

Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. Where applicable, we will act consistently with the law of the state where the treatment was provided.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Under the privacy rules, you have the right to do the following by submitting a written request or electronic message to the Medical Privacy Officer (MEDprivacyofficer@state.gov). Depending on your request, you may also have rights under the Privacy Act of 1974. The Medical Privacy Officer will assist you in pursuing these options. Please be aware that MED may deny your request, and that you may seek a review of any such denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that MED uses for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information. Your request must be made in writing to MED Privacy Officer where you wish the restriction instituted. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

MED is not required to agree to a requested restriction. If the restriction is mutually agreed upon, we will honor your request, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that MED communicate with you using alternative means or at an alternative location to further protect your privacy. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment

.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from MED or view it electronically at MED's local website at http://med.state.gov/

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

- **MED is required to abide by the terms of the privacy notice currently in effect, but reserves the right to change the terms of this notice and to make new notices provisions effective for all maintained protected health information.**
- **MED will publish the revised privacy notice in the DOS/MED Health Units/Clinics and at the MED website at http://med.state.gov/**
- **MED may not share your protected health information with outside sources for marketing, research or any other reason without your knowledge and written consent.**

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the MED Privacy Officer or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint. Please address your signed letter to:

Privacy Officer,
US Department of State
The Office of Medical Services, Room L209
2401 E St. NW
Washington D.C. 20522-0102

CONTACT INFORMATION

You may email the Medical Privacy Officer for further explanation of this document at MEDprivacyofficer@state.gov. If you want additional information on your privacy rights, you may also visit the MED's local website at http://med.state.gov/.

FEDERAL PRIVACY LAWS

MED's Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other laws that govern release of information that may also apply, including the Privacy Act and the Freedom of Information Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice.

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.

HIPAA receipt

I have received a copy of the MED Privacy Policy.

Name (print) _____ SSN: __ __ __ - __ __ - __ __ __ __

(Family members, use SSN of employee)

Agency: State (circle), Other (specify): _____

Signature: _____

Date: _____20__

Return instructions:

- If there is a health unit at post, file this receipt (this page only) in the patient's medical record under the HIPAA tab.
- If no health unit at post, batch these receipts (this page only) and return to: Office of Medical Services / Medical Records.

APPENDIX H

Policy for the use of Malarone at US Embassy Kigali

It is M/MED's policy that all Health Units offer anti-malarial prophylaxis and encourage its use. Currently Larium (mefloquine), Doxycycline and, primaquine, are the recommended first-line medications for anti-malarial prophylaxis. All three medications have proven extremely effective in preventing malaria and all have been on the market for many years. Malarone is a new medication that was recently added to the list of acceptable prevention alternatives by the CDC. All of the above medications are equally effective in preventing malaria, and all can have aggravating or significant side effects.

Malarone is considered safe and effective and has few side effects but M/MED policy is that Malarone is used as a last choice for malaria prevention. Since it is still a relatively new medication, long-term use is still under investigation and the CDC recommends Malarone for short-term prophylaxis or for long-term use only when one of the first line medications cannot be used.

Malarone is an excellent and uncomplicated treatment option for diagnosed malaria. If someone develops malaria while taking Malarone (usually because they forgot to take a pill or two) Malarone cannot be used to treat the disease in that person. Other treatment options are more complex and can cause significant side effects.

Compliance is a primary concern with any medication. Larium is once a week pill and the other medications require daily dosing for a period of time. Missing a daily dose has a higher risk of drug failure, and thus malaria exposure, than a drug that lasts for a week. But compliance is also about how the person feels about taking a medication. If you do not feel good about a medication you are less likely to take it or take it properly. Despite the concerns expressed in the popular literature, Lariam actually has a well-documented safety record.

Employees and family members who wish to use prophylactic anti-malarial medicine should try the first three options before requesting Malarone. (Keep in mind children and pregnant women do not have all the options) If there is a documented medical contraindication to any of these medications, or they are not tolerated because of interfering side effects, then Malarone can be prescribed.

The HU will fax in a prescription for a 90-day supply to the employee's insurance plan pharmacy. The employee will pay the co-pay. The co-pay will be reimbursed by bringing the document with "Malarone" indicated on the payment receipt from the pharmacy to the HU. We will fill out a request for B&F to reimburse you directly for your co-pay expense. Larium and Doxycycline will be stocked in the HU and dispensed as necessary. Primaquine, while not currently in stock, will be added if there is an interest.

Taking anti-malarial medication in a high-risk environment is an important part of disease prevention and we want to do everything possible to encourage its use. However, it is important to understand that there is a potential negative aspect to taking Malarone and this is the reason for this current M/MED policy. Anti-malarial medication policy review is a continuous process based on evidence and expert consensus.